

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Benjamin Able

Died at <sup>Town</sup> New Cumberland<sup>County</sup> Allegany

MARYLAND

Date

of death 19

10

Month

April

Day

23

Age

30

Years

Months

Days

Sex

Male

Color or  
Race

Colored

Birth-  
place

Md.

Married, ~~Single~~  
~~Widowed~~

Occupation

Labourer.

Name of Wife or  
Husband

L

Father's  
Name

Daniel Able

Father's  
Birthplace

✓

Mother's  
Maiden Name

L

Mother's  
BirthplaceName of person giving  
in formation

Superintendent, Cong. Home

How related  
to deceased

—

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

How long

✓

Immediate

Exhaustion

How long

2 x hrs.

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

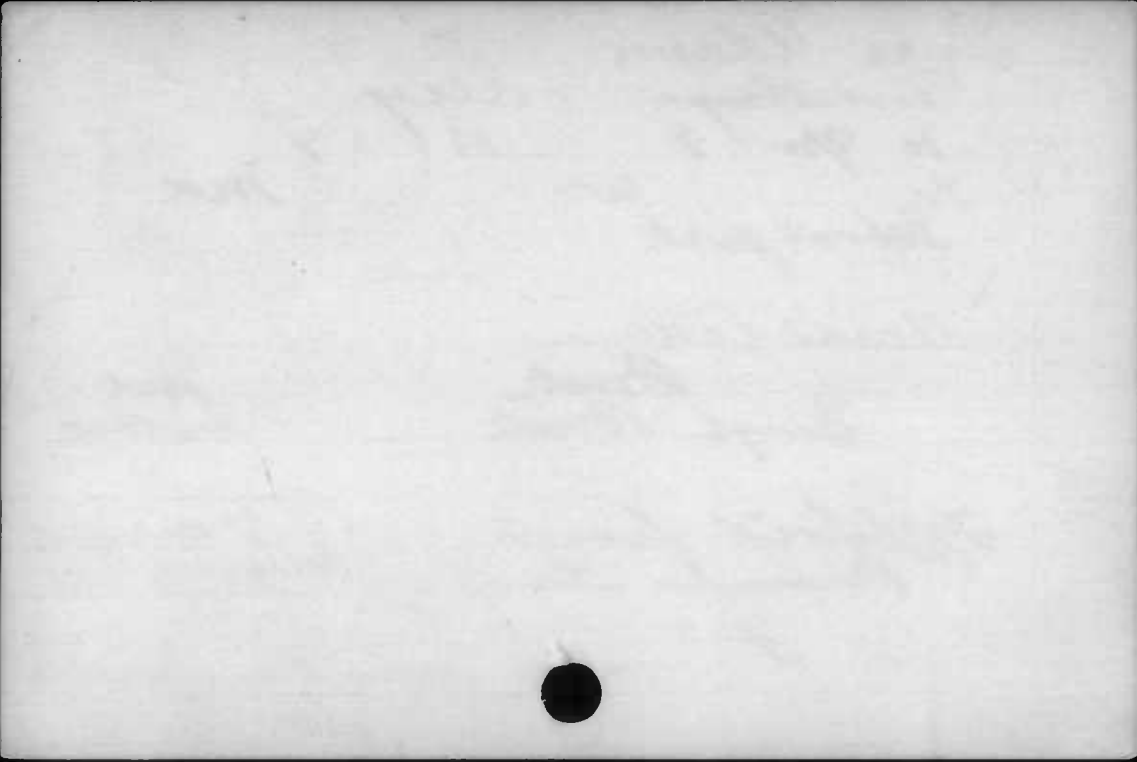
Signature of  
Physician

B. W. Jones

Address

Cumberland Md.

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

Lura Adams

Town

County

MARYLAND

Died at

Furrolburga

Clegg

Date

of death

1960

Month

Apr

Day

9

Age

Years

15

Months

9

Days

8

Sex

F

Color or  
Race

w

Birth-  
place

Md

Occupation

Schoolgirl

Where Residing if not  
at place of death

—

Married, Single  
or WidowedName of Wife or  
Husband

—

Father's  
Name

Frank Adams

Father's  
Birthplace

Pa

Mother's  
Maiden Name

Mary Brode

Mother's  
Birthplace

Md

Name of person giving  
Information

George Brode

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

Typhoid fever

How long

7 weeks

Immediate

Pneumonia - Headache

How long

24 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. Griffith  
Hroolby Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

J. F. & A. Co

Carthage

Name  
in  
Full


CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Arnold* County *Allegany* Maryland  
Died at *Barton* Town  
Date of death 19*20* Month *April* Day *7* Age *1* Years Months Days  
Sex *Male* Color or Race *White* Birth-place *Alleg Co*  
Occupation *L* Where Residing if not at place of death *L*  
Married, Single or Widowed *L* Name of Wife or Husband *L*  
Father's Name *Harmon Arnold* Father's Birthplace *Alleg Co*  
Mother's Maiden Name *Dealia Monahan* Mother's Birthplace *Alleg Co*  
Name of person giving Information *Harmon Arnold* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Still born* How long *L*  
Immediate  
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *A. C. Brucher*  
Address   
Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

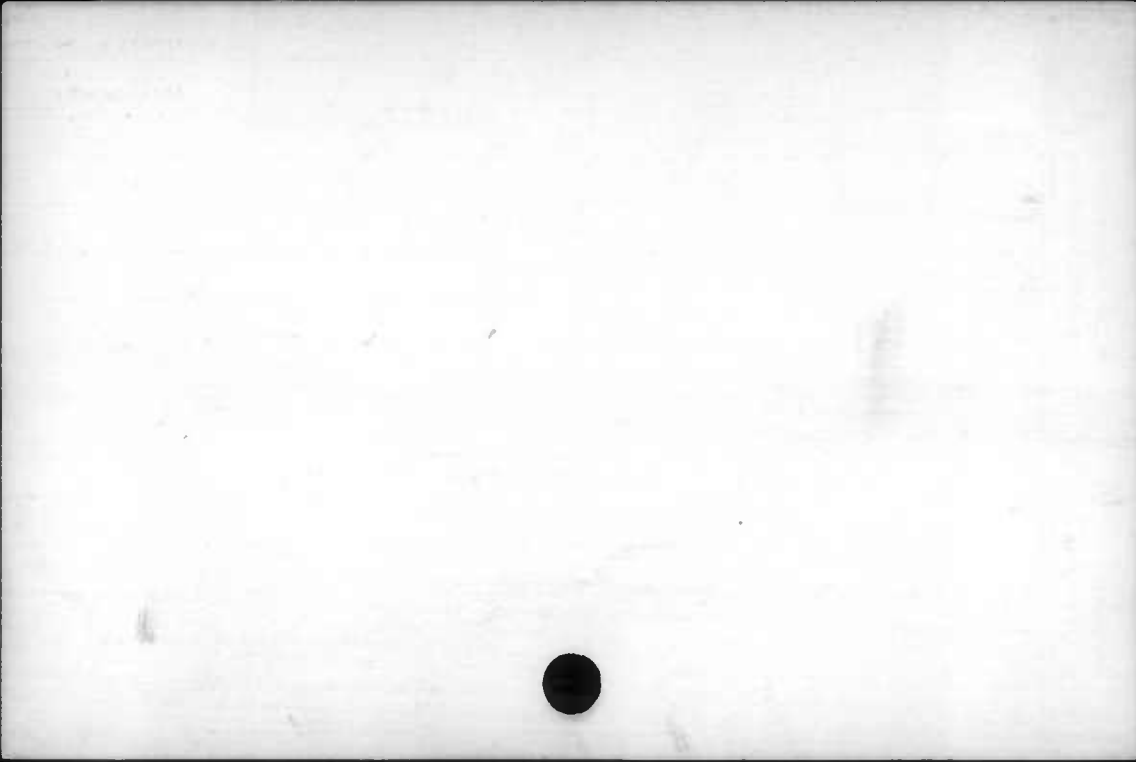
Town Agass County Berk  
 Died at Loracoming Allgany  
 Date of death 1900 Month April Day 23 Age 25 Years Months 16 Days —  
 Sex Female Color or Race White Birth-place Loracoming  
 Occupation Factory girl Where Residing if not at place of death —  
 Married, Single or Widowed Single Name of Wife or Husband —  
 Father's Name Leahold Berk Father's Birthplace Germany  
 Mother's Maiden Name Suzanne Mother's Birthplace Ireland  
 Name of person giving Information Patrick Rowan How related to deceased Uncle

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary Chronic Hepatitis How long Some months  
 Immediate Pulmonary Edema How long One week  
 Are the name, age, sex, color, date and place correctly given above? Yes  
 Signature of Physician W. Skilling M.D.  
 Address Loracoming  
 Accident or Suicide No





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Cumberland* Town *Alleg* County *MARYLAND*  
Date of death 19*60* Month *Apr.* Day *5,* Age *69* Years Months Days

Sex *Female* Color or Race *White* Birthplace *Germany*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *Joseph Bigler*

Father's Name *Christ Holthemer* Father's Birthplace *Germany*

Mother's Maiden Name *Margaret Wilmona* Mother's Birthplace

Name of person giving Information *Margaret Bigler* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Mitral Stenosis* How long *79* yrs.

Immediate *General anoxia* How long *week*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

PHYSICIAN  
OR CORONER

Accident or Suicide

Died at her residence #42 Dilley  
she leaves 5 Daughters 2 sons  
Andrew City  
Mrs Attorney Kammner Morgantown  
Mrs Geo Hawk City  
Mrs Harry Willison Ridgely W. Va  
Margaret Morgantown  
Berulia Whiting W. Va  
Joseph Postaria Ohio  
1 sister Mrs Brooker McKusht  
17 Grand children Pa

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		Town		County		MAYLAND	
Died at		Cumberda		Allegheny			
Date of death		Month		Day		Years	
1990		Apr.		15		Age 47.	
Sex		Color or Race		Birth- place			
Male		White		Cumberland			
Occupation		Where Residing if not at place of death					
Machinist		—					
Married, Single or Widowed		Name of Wife or Husband					
Single		none					
Father's Name		Father's Birthplace					
James. Birmingham		Ireland					
Mother's Maiden Name		Mother's Birthplace					
Bridget Bradshaw		Ireland					
Name of person giving Information		How related to deceased					
R. E. Birmingham		Brother					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Alcoholism		Seven months	
Immediate		How long	
Heart failure		2 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		D. P. Franklin	
Essex		Address	
no		Cumberland, Md.	
Accident or Suicide			

Joseph  
age 45 yrs

Name  
in  
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Name *J. Henry G. Borgman*  
Died at *Cumtland* Town *Allegh.* County

Date of death 19*60* Month *Apr.* Day *5* Age *—* Years Months *7* Days *—*

Sex *Male* Color or Race *White* Birth-place *Cumtland*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Sylvester Borgman* Father's Birthplace *Pitts-Pa.*

Mother's Maiden Name *Anna Greaser* Mother's Birthplace *W. Va.*

Name of person giving Information *Sylvester Borgman* How related to deceased *Father*

CAUSES OF DEATH

Primary *Pertussis* How long *8*

Immediate *Pneumonia* How long *One week*

Are the name, age, sex, color, date and place correctly given above?

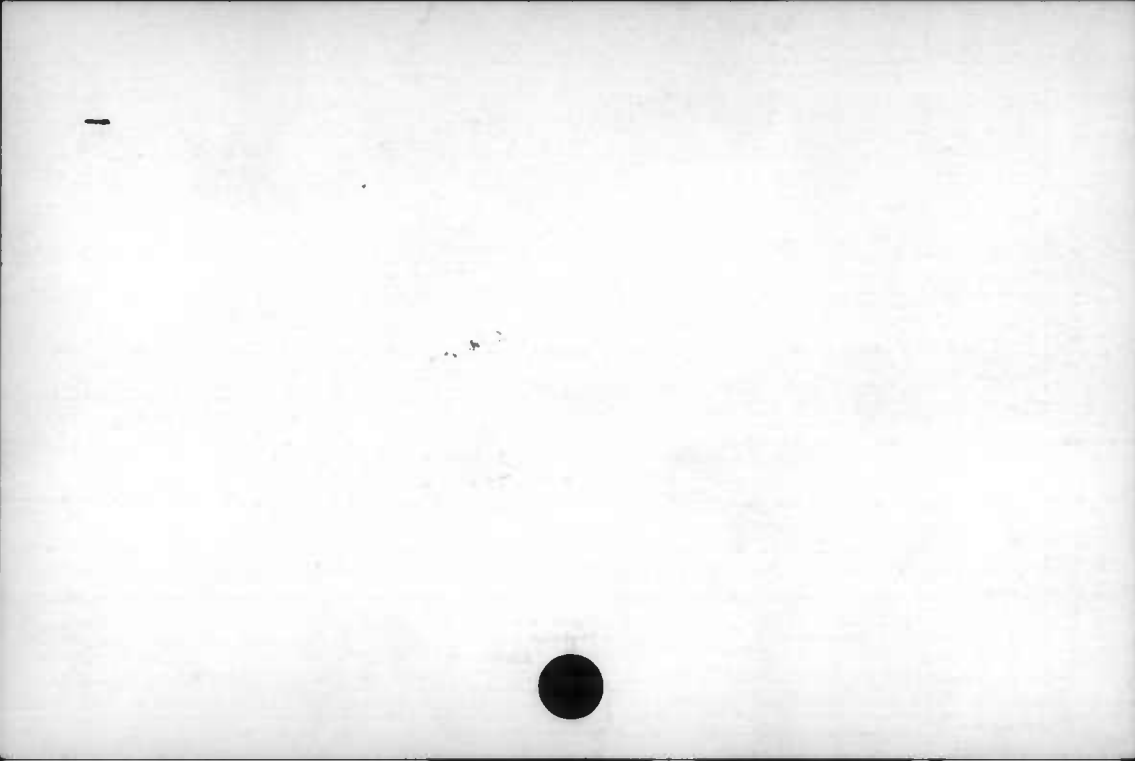
Signature of Physician *J. M. Dockman*

Address

*Steen.*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John Offord Boucher*  
Died at *Amberland* *Alleg.* County

Date of death 19*10* *Apr* Month *1* Day *33* Age *33* Years Months Days

Sex *Male* Color or Race *White* Birth-place *W. Va.*

Occupation *Labourer* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Joseph Boucher* Father's Birthplace *D.C.*

Mother's Maiden Name *Sue Myers* Mother's Birthplace *W. Va.*

Name of person giving Information *Harry Hudson* How related to deceased *Bro in law*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pulmonary Tuberculosis* How long *2 years*

Immediate *Exhaustion* How long *3 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yps.* Signature of Physician *William R. Toard M.D.*

*Steele* Address *109 Va. Ave.*

Accident or Suicide *None* *3* *Amberland Md.*

John City

Thomas "

James McKusport Pa

Ara Logsdon Mr Savage

Anna Shaw City

Margaret Soethe "

died at 130 at the residence of  
his son-in-law Charles Soethe  
on William road  
Burial Sat morn



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Hamilt, Carter  
Cumberland Allegany

Town

County

MARYLAND

Date

of death

1900 Apr. 1

Month

Day

Age

Years

Months

• Days

Sex

Female

Color or  
Race

White

Birth-  
place

Cekhard

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Wm. Carter

Father's  
Name

John Carter

Father's  
Birthplace

Cekhard

Mother's  
Maiden Name

Larab Carter

Mother's  
Birthplace

Cekhard

Name of person giving  
information

Joe Carter

How related  
to deceased

Nephew

CAUSES OF DEATH

10

Primary

La-grippe & Rheumatism

How long

3 months

Immediate

Cardiac exhaustion

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

C. C. Carter  
Frostburg

PHYSICIAN  
OR CORONER

Accident or Suicide?

No

Torster

Jacob H. H. H.

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Margaret Cornely*  
 Died at *Sylvan Rebnah Alleyway Co.* Town County  
 Date of death *1910 April 23* Month Day Years Age *62* Months Days  
 Sex *Female* Color or Race *White* Birth-place *✓*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_  
 Married, Single or Widowed *No record obtainable (Insurance)* Name of Wife or Husband  
 Father's Name \_\_\_\_\_ Father's Birthplace \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_ Mother's Birthplace \_\_\_\_\_  
 Name of person giving Information \_\_\_\_\_ How related to deceased \_\_\_\_\_

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary *Seriously Exhaustion* How long *✓*  
 Immediate *Exhaustion* How long *One day*  
 Are the name, age, sex, color, date and place correctly given above? *✓* Signature of Physician *F.B. McGinnis*  
Address *Cumt...*  
 Accident or Suicide *✓*



Name  
in  
Full

*Mary E Culburn*

CERTIFICATE OF DEATH

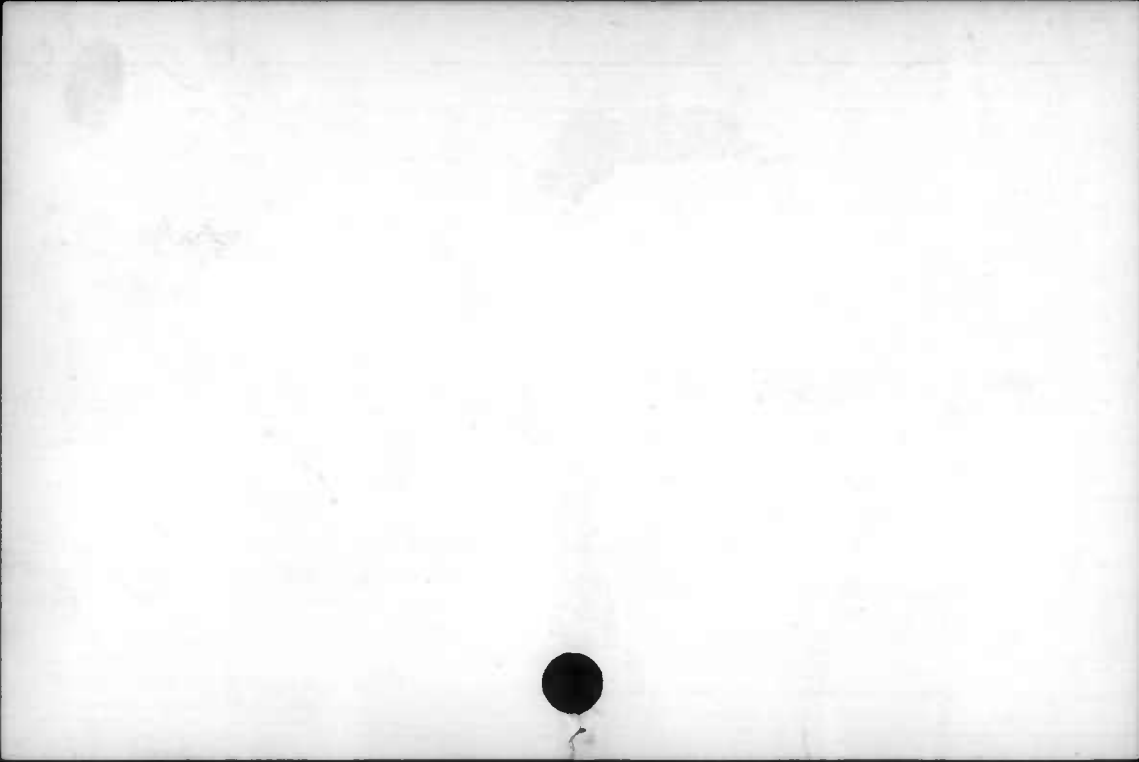
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Lulu</i>		County <i>Alleghany</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
<i>1900</i>		<i>4</i>	<i>4</i>	<i>6</i>			
Sex	<i>female</i>	Color or Race	<i>white</i>		Birth-place	<i>Lulu Md.</i>	
Occupation	<i>none</i>			Where Residing if not at place of death			<input checked="" type="checkbox"/>
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>Ray Cridler</i>				Father's Birthplace	<i>Statenown</i>	
Mother's Maiden Name	<i>Katie Barnhill</i>				Mother's Birthplace	<i>West Va.</i>	
Name of person giving Information	<i>Edwin Culburn</i>				How related to deceased	<i>Guardian</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>about 3 weeks</i>
Immediate	<i>Meningitis</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>D. J. Long</i>	
Address		<i>Dudman WV.</i>	
Accident or Suicide		<i>No</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Patrick Cunningham</i>		Town <i>Cumberland</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Cumberland</i>		Month <i>Apr</i>		Day <i>26</i>		Age Years <i>75</i> Months <i>—</i> Days <i>—</i>	
Date of death <i>1910</i>		Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>	
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Martha Mattingly</i>					
Father's Name <i>Thomas Cunningham</i>				Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Don't know</i>				Mother's Birthplace <i>D. K.</i>			
Name of person giving information <i>Thomas Cunningham</i>				How related to deceased <i>Son</i>			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis Arterio Sclerosis</i>		How long <i>Several yrs?</i>	
Immediate <i>Uræmia</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. P. S. S. S. S.</i>	
<i>Strain</i>		Address <i>Cumberland</i>	
Accident or Suicide? <i>—</i>		<i>Franklin Md.</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

Samuel Finkle Davis

Town

Cumberland

County

Adelphi

MARYLAND

Died at

Date

of death

1960

Month

April

Day

5

Age

64

Years

Months

9

Days

0

Sex

male

Color or  
Race

white

Birth-  
place

Md

Occupation

Carpenter

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

widowed

Name of Wife or  
Husband

Bele Francina Strausbaugh

Father's  
Name

Thomas Davis

Father's  
Birthplace

Dunklemer

Mother's  
Maiden Name

Dunklemer

Mother's  
Birthplace

Dunklemer

Name of person giving  
Information

Edward W Davis

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

apoplexy

How long

36 hours

Immediate

Cerebral

How long

36 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Al B. Brace M.D.

Address

Cumberland

Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

10-10-2020  
10-10-2020



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Infant Dylfer.*

Town *Lonscoming* County *Alleghany* MARYLAND

Died at *Lonscoming*

Date of death 19*40* Month *April* Day *9* Age *1* Years *4* Months *4* Days *—*

Sex *male* Color or Race *White* Birthplace *Lonscoming*

Occupation *—* Where Residing if not at place of death *—*

~~Married, Single or Widowed~~ Name of Wife or Husband *—*

Father's Name *Frank Dylfer* Father's Birthplace *Lonscoming*

Mother's Maiden Name *Hattie Miller* Mother's Birthplace *"*

Name of person giving Information *Mrs. Frank Dylfer* How related to deceased *Mother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Capillary Bronchitis* How long *Four days*

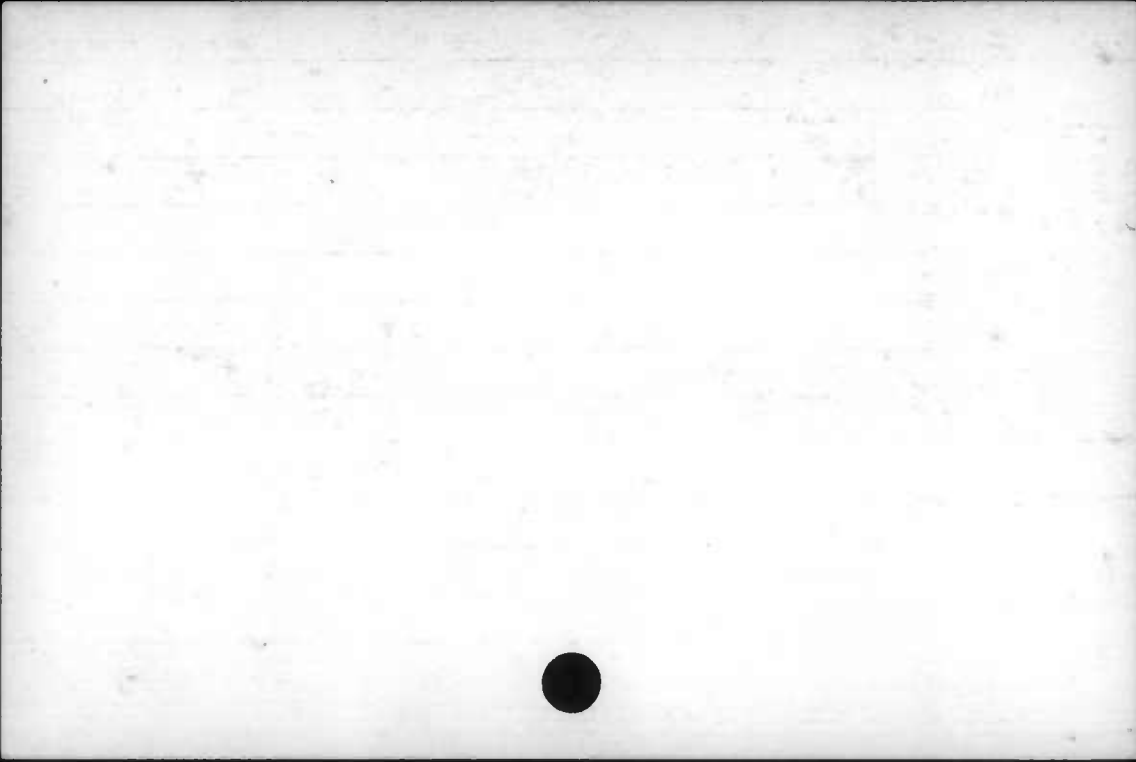
Immediate *Convulsions* How long *Only a few hours*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *W. B. Skilling M.D.*

Address *Lonscoming*

Accident or Suicide *no*



Name in Full		Catherine E. Gouney				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Threlby		Alley		MARYLAND	
	Date of death	10	Apr	18	Age	21	Days
	Sex	F		Color or Race	W		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed	X		Name of Wife or Husband		X	
	Father's Name	Wm Gouney				Father's Birthplace	Va
	Mother's Maiden Name	Mayne Hoffman				Mother's Birthplace	Va
Name of person giving information	Wm Gouney				How related to deceased	Father	
	CAUSES OF DEATH						104
PHYSICIAN OR CORONER	Primary	Gastric trouble				How long	4 days
	Immediate	Convulsions				How long	24 hours
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	J. G. K. H.	
					Address	Threlby Alley	
	Accident or Suicide?						

Thorstung from Lund ©

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Juliet Doyle* Town *Cumtland* County *alleg*

Died at *Cumtland* *alleg* **MARYLAND**

Date of death 1900 *Apr* Month *26* Day Age *28* Years

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Seamstress* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Edward Doyle* Father's Birthplace *Ind*

Mother's Maiden Name *Julia D. Taylor* Mother's Birthplace *West Va*

Name of person giving Information *Julia Doyle* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Pulmonary T. B.* How long *29* ✓

Immediate *Exhaustion* How long *2 yrs*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. D. Laubley* Address *Cumtland*

Accident or Suicide *Stein*

PHYSICIAN  
OR CORONER

Mother  
2 Brothers  
Thursday



Name  
in  
Full

Francis J. Drumming

CERTIFICATE OF DEATH

MARYLAND

Died at

Cumberland allegh

Date

of death 1900

Month

Apr.

Day

16

Age

26

Months

11

Days

Sex

male

Color or  
Race

White

Birth-  
place

Cumberland

Occupation

Rail Roader

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

James Drumming

Father's  
Birthplace

Pca

Mother's  
Maiden Name

Susan Jackson

Mother's  
Birthplace

Ind

Name of person giving  
Information

Raymond J. Drumming

How related  
to deceased

Brother

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

About 2 yrs

Immediate

Exhaustion

How long

10 hrs

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Edward Harris

Address

Cumberland

Accident or Suicide

no

Dnd -

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

He leaves 2 Brothers & 1 Sister  
found Tues 9 12 P.M. in

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Lillian Fields*

Town *Cumberland* County *Alleg*

Died at *Cumberland*

Date of death 19*40* Month *Apr* Day *24* Age *20* Years Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Harry F. Fields*

Father's Name *Solomon H. Hargens* Father's Birthplace *Ind*

Mother's Maiden Name *Do not know* Mother's Birthplace *D.K.*

Name of person giving Information *Harry F. Fields* How related to deceased *Husband*

CAUSES OF DEATH

*28*

PHYSICIAN  
OR CORONER

Primary *Tuberculosis Lung* How long *6 mo or more*

Immediate *Exhaustion* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. L. Bradley M.D.*

Address *Cumberland*

Accident or Suicide *No*

2 children

Name  
in  
Full

John Frank

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hoffman Mine</i> <sup>Town</sup>		<i>Allegheny</i> <sup>County</sup>		MARYLAND	
Date of death <i>1900</i>	<i>April</i> <sup>Month</sup>	<i>9</i> <sup>Day</sup>	Age <i>44</i> <sup>Years</sup>	<i>1</i> <sup>Months</sup>	<i>14</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Allegheny Co.</i>		
Occupation <i>Miner</i>			Where Residing if not at place of death <i>X X X</i>		
<del>Married</del> , Single <del>or Widowed</del>		Name of Wife or Husband <i>X X X X</i>			
Father's Name <i>Andrew Frank</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Sophy Metzger</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Henry Frank</i>			How related to deceased <i>brother</i>		

## CAUSES OF DEATH

69

PHYSICIAN  
OR CORONER

Primary <i>Epilepsy following</i>	How long <i>2 days</i>
Immediate <i>prolonged drinking</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Bluelwaller</i>
	Address <i>Eckhart mine</i>
Accident or Suicide? <i>9</i>	<i>2nd.</i>

Hrostburg Furn & Wood Co.

German Lutheran Cemetery

Name  
in  
Full

## CERTIFICATE OF DEATH

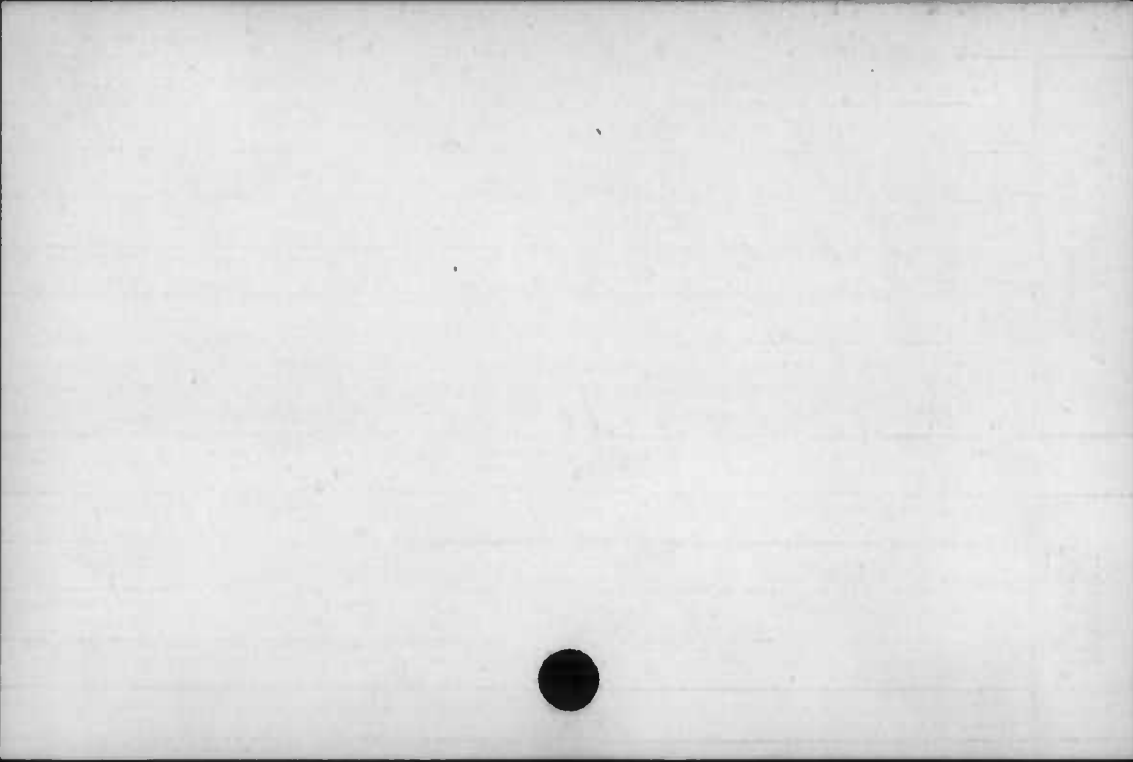
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Cumberland</i>		County <i>Allegh</i>		MARYLAND	
Date of death	1910	Month <i>Apr</i>	Day <i>25</i>	Age	Years <i>22</i>	Months	Days
Sex	<i>Male</i>		Color or Race	<i>Italian</i>		Birth- place	<i>Italy</i>
Occupation	<i>Laborer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>None</i>				
Father's Name	<i>Saverio Fransisco</i>					Father's Birthplace	<i>Italy</i>
Mother's Maiden Name	<i>Don't know</i>					Mother's Birthplace	<i>id</i>
Name of person giving in formation	<i>Santo Hall</i>					How related to deceased	<i>None</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>4 weeks</i>
Immediate	<i>Peritonitis</i>	How long	<i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. F. Swigg</i>
<i>Stein</i>		Address	<i>Cumberland</i>
Accident or Suicide?			<i>MD</i>





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Daniel Frantz

Town

Cumulus

County

alleg.

MARYLAND

Date

of death

1900

Month

Apr

Day

6

Age

Years

68

Months

—

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Md.

Occupation

Retired Baker

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Favilla P Bowden

Father's  
Name

Wm Frantz

Father's  
Birthplace

Pa

Mother's  
Maiden Name

Julia Inghouse

Mother's  
Birthplace

D.K.

Name of person giving  
Information

Ethel Manning

How related  
to deceased

Daughter

CAUSES OF DEATH

79

Primary

Acute Cardiac Dilatation

How long

One hr -

Immediate

Exhaustion

How long

Two hr -

Are the name, age, sex, color, date  
and place correctly given?

Yes

Signature of  
Physician

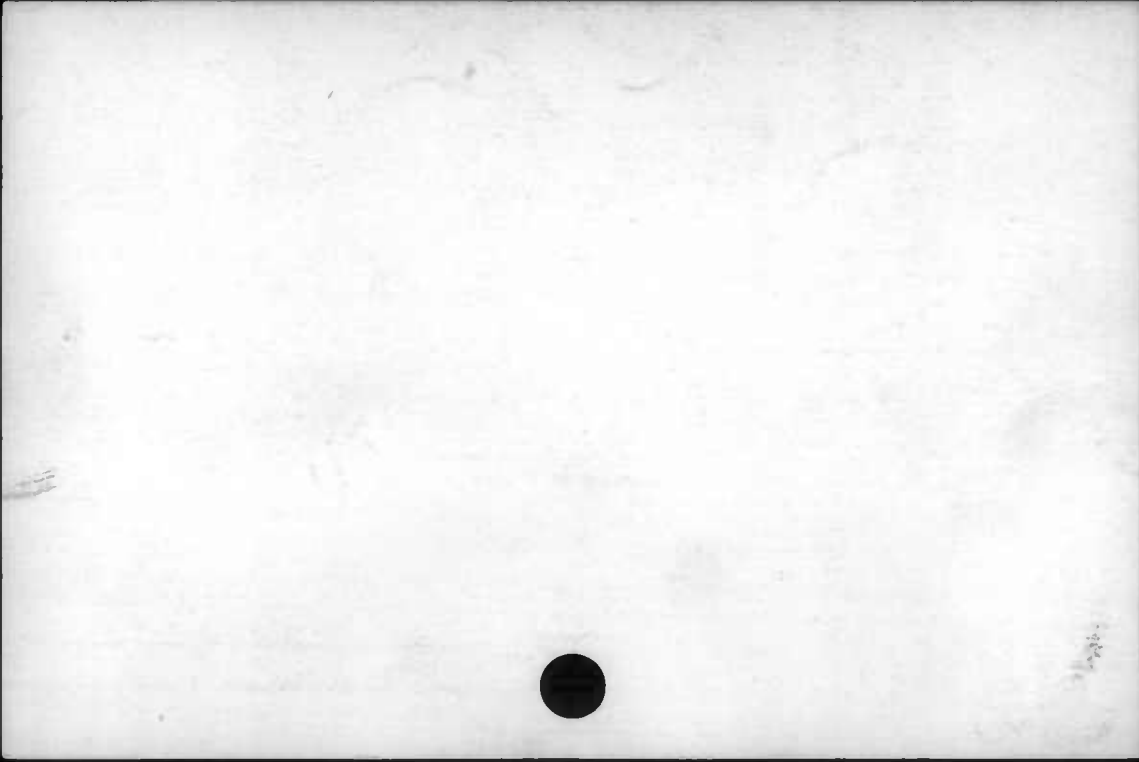
F.B.M. Dancy

Address

Cumulus Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Baltimore</i>		Town <i>Baltimore</i>		County <i>Allegany</i>		MARYLAND	
Date of death <i>1900</i>		Month <i>Apr</i>	Day <i>12</i>	Age <i>38</i>	Years <i>1</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Italy</i>		—	
Occupation <i>Laborer</i>				Where Residing if not at place of death <i>N. Y.</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Corneila</i>					
Father's Name <i>Mucers</i>				Father's Birthplace <i>Italy</i>			
Mother's Maiden Name <i>Parvitta Fortonista</i>				Mother's Birthplace <i>Italy</i>			
Name of person giving Information <i>Wife N. Y. Meours</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>3 weeks</i>
Immediate <i>Hemorrhage (bowels)</i>	How long <i>2 days</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. T. Dugg</i>
<i>J. C. N.</i>	Address <i>Baltimore, Md.</i>
Accident or Suicide	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Old Town* TownCounty *Allegany*

Date

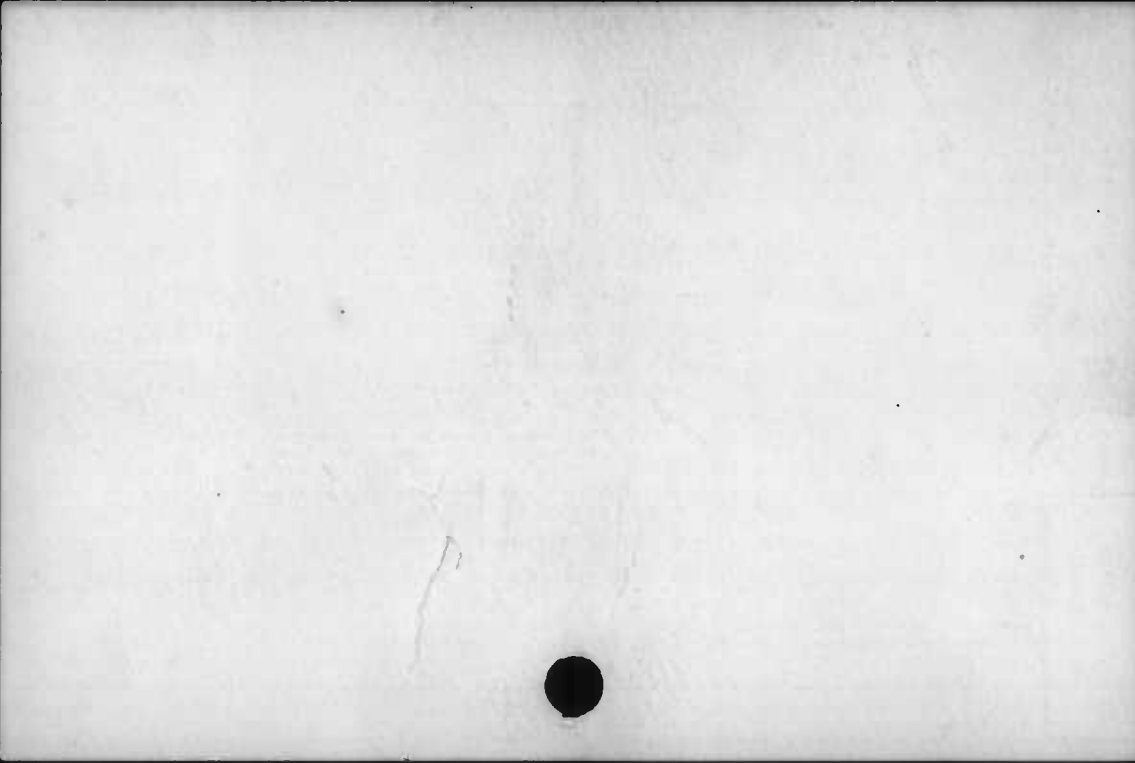
of death *1901*Month *Apr*Day *15*

Age

Years *31*Months *1*Days *8*Sex *Male*Color or  
Race *White*Birth-  
place *Levittsburg Pa*Occupation *Labourer*Where Residing if not  
at place of death *Old Town Ind*Married, Single  
or Widowed *Married*Name of Wife *Bessie Bicknick*Father's  
Name *Frank V. Gibloney*Father's  
Birthplace *Ireland*Mother's  
Maiden Name *Margaret Becker*Mother's  
Birthplace *Germany*Name of person giving  
In formation *Charles Wagner*How related  
to deceased *No relation*

## CAUSES OF DEATH

Primary *Acute Indigestion*How long *210 hrs.*Immediate *Heart failure*How long *1 hour*Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of  
Physician *Geo. V. H. H. H. H.*Address *Old Town Ind*Accident or Suicide? *No*



Name  
in  
Full

Thomas Gannon  
Town

CERTIFICATE OF DEATH

MARYLAND

Died at *Barton*

County *Allegheny*

Date

of death *1960*

Month

*April*

Day

*24*

Year

Age

*62*

Months

*1*

Days

*19*

Sex

*male*

Color or  
Race

*white*

Birth-  
place

*Pottsville Pa*

Occupation

*miner*

Where Residing if not  
at place of death

*✓*

Married, Single  
or Widowed

*married*

Name of Wife or  
Husband

*Elizabeth Crenshaw*

Father's  
Name

*Michael Gannon*

Father's  
Birthplace

*Ireland*

Mother's  
Maiden Name

*Mary C Hollerin*

Mother's  
Birthplace

*Ireland*

Name of person giving  
Information

*John Gannon*

How related  
to deceased

*Son*

CAUSES OF DEATH

Primary

*Pneumonia*

How long

*3 weeks*

Immediate

Are the name, age, sex, color, data  
and place correctly given above?

*yes*

Signature of  
Physician

*A. C. Boucher*

Address

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

Bridget Gill

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lonsaving</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death <i>1900</i>	Month <i>April</i>	Day <i>13</i>	Age <i>72</i>	Years <i>3</i>	Months <i>19</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth place <i>County Ross common Ireland</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Peter Gill</i>				
Father's Name <i>Thomas Gately</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Ellen Brooke</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving Information <i>Peter Gill</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

47

PHYSICIAN  
OR CORONER

Primary <i>Acute inflammatory Rheumatism</i>	How long <i>10 weeks</i>
Immediate <i>Albuminuria - Scarshan -</i>	How long <i>7 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James C. Bullock M.D.</i>
	Address <i>Lonsaving Ma-</i>
Accident or Suicide <i>no</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mary Eliza Hardy*  
Town *near Cumberland* County *Allegh*  
Died at

Date of death *1900* Month *Apr* Day *13* Age *80* Years Months Days

Sex *Female* Color or Race *White* Birth-place *W. Va.*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *Abraham Hardy*

Father's Name *Henry Ward* Father's Birthplace *Pa*

Mother's Maiden Name *Jones* Mother's Birthplace *Pa*

Name of person giving Information *Wilbert Hardy* How related to deceased *Son*

CAUSES OF DEATH

*154*

PHYSICIAN  
OR CORONER

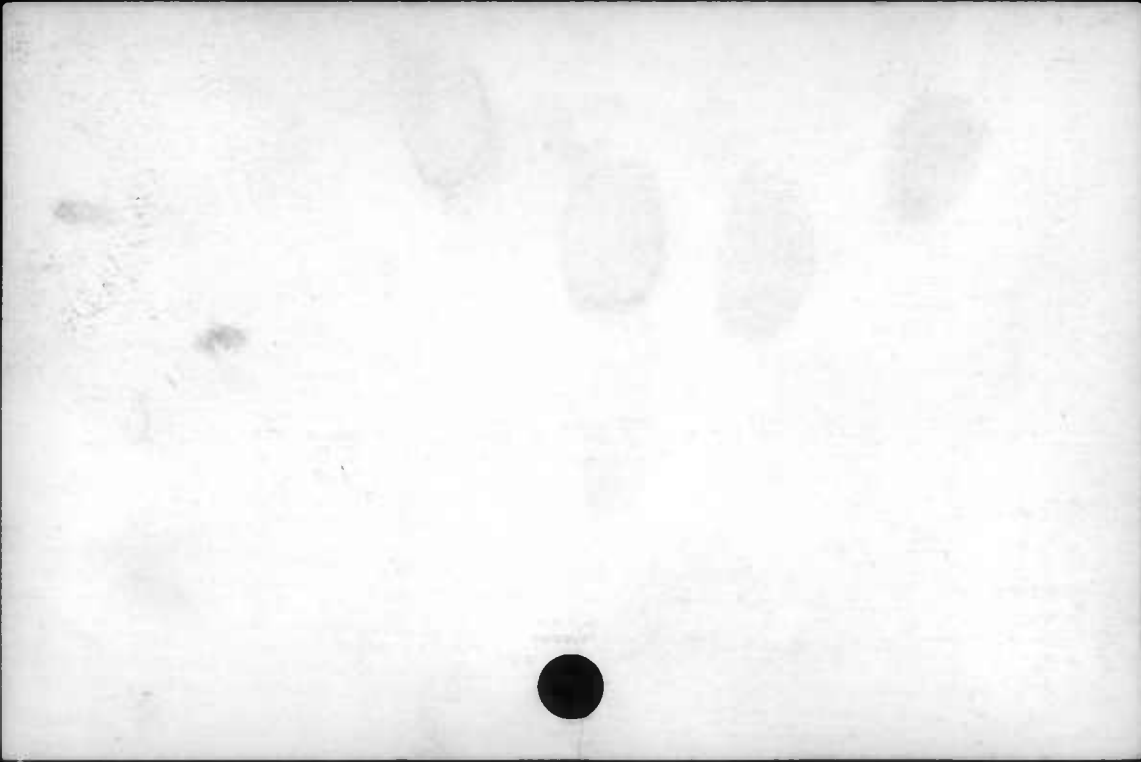
Primary *Old Age* How long *Gradual*

Immediate *General decline* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *E. B. Selaybrook*

*J. Stein* Address *Cumberland*

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Midlothian</i> <small>Town</small>		<i>Alleghany</i> <small>County</small>		MARYLAND	
Date of death <i>1911 April</i> <small>Month</small>		<i>3</i> <small>Day</small>	<i>1</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>19</i> <small>Days</small>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Midlothian</i>	
Occupation <i>no</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>no</i>		Name of Wife or Husband <i>no</i>			
Father's Name <i>Anthony Harvey</i>		Father's Birthplace <i>Midlothian</i>			
Mother's Maiden Name <i>Hellen Conrad</i>		Mother's Birthplace <i>Midlothian</i>			
Name of person giving Information <i>Father</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

1067

✓

PHYSICIAN  
OR CORONER

Primary <i>infection of bowels</i>	How long <i>2 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. F. L. Clymer</i>
	Address <i>Midlothian Md</i>
Accident or Suicide? <i>9</i>	

Allegheny,

Jacob Hoff

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Isabelle Hogan*  
Town *Cumberland* County *Alleg*

MARYLAND

Diad at *Cumberland*  
Date of death 19*40* Month *Apr* Day *1* Age *63* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Va.*  
Occupation *Housekeeper* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Don't know* Father's Birthplace *D.K.*

Mother's Maiden Name *'* Mother's Birthplace *'*

Name of person giving Information *Oliver Markins* How related to deceased *None*

CAUSES OF DEATH

*64* ✓

Primary *apoplexy* How long *4 days.*  
*Exhaustion* How long *1 day.*

Immediate  
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Spurgeon Sherman*  
Address *#106 N. Mechanic St. Sparks*

PHYSICIAN  
OR CORONER

Accident or Suicide





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Hannah L Horton*  
Town *Cumberland* County *allergany*  
Died at

MARYLAND

Date *1910* Month *4* Day *24* Age *13* Months *8* Days *6*  
of death

Sex *Female* Color or Race *white* Birth-place *Pa*

Occupation *School girl* Where Residing if not at place of death *Ramney wva*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Arthur Horton*

Father's Birthplace *N.Y*

Mother's Maiden Name *Laura Gardner*

Mother's Birthplace *Pa*

Name of person giving Information *Laura Horton*

How related to deceased *mother*

CAUSES OF DEATH



PHYSICIAN  
OR CORONER

Primary *Tubercular Peritonitis*

How long *3 months*

Immediate *Exhaustion*

How long *3 days*

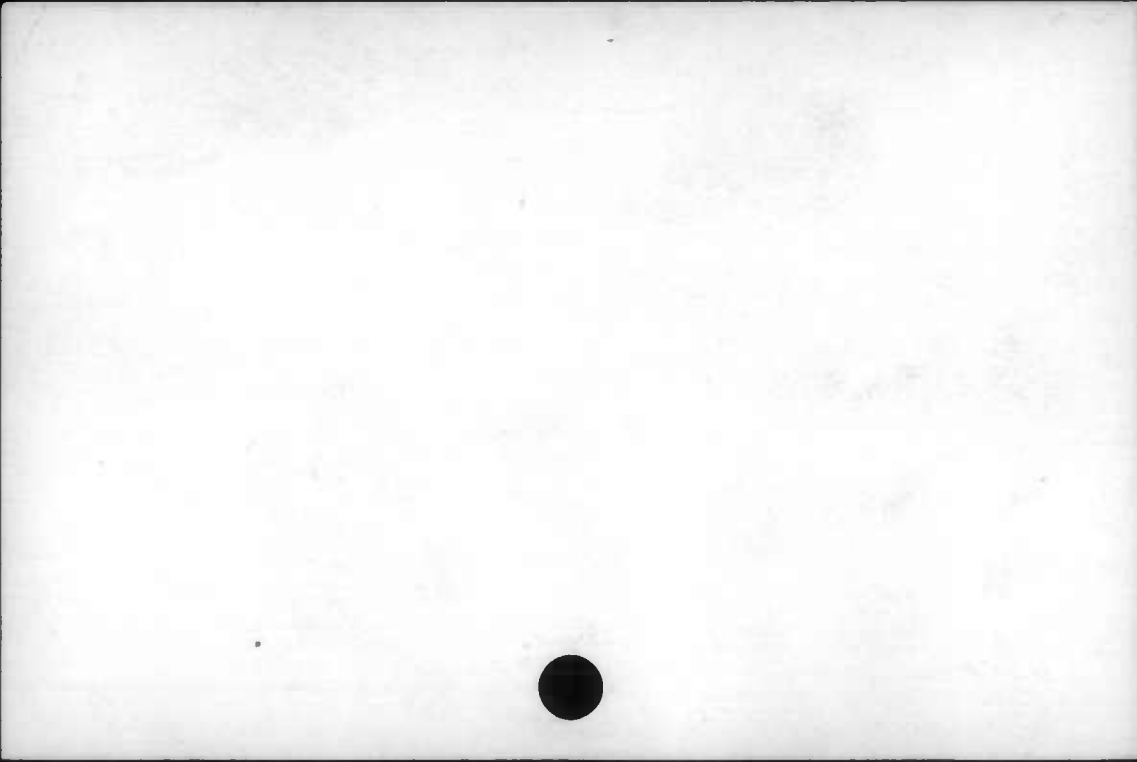
Are the name, age, sex, color, data and place correctly given above? *Yes*

Signature of Physician *James J. Johnson, M.D.*

Address *Cumberland, Maryland*

Accident or Suicide

*Ridgeman, Pa.*



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Dominick Jantell*

Town

County

MARYLAND

Died at

*Annapolis*

*Allegh.*

Date

of death 19*40*

Month

*Apr.*

Day

*18*

Age

Years

*18*

Months

Days

Sex

*Male*

Color or  
Race

*Italian*

Birth-  
place

*Italy.*

Occupation

*Rail Road.*

Where Residing if not  
at place of death

Married, Single  
or Widowed

*Single*

Nama of Wife or  
Husband

Father's  
Name

*Do not know*

Father's  
Birthplace

*Italy*

Mother's  
Maiden Name

*unknown*

Mother's  
Birthplace

*Italy*

Name of person giving  
Information

*Intergal*

How related  
to deceased

*None*

CAUSES OF DEATH

*①*

PHYSICIAN  
OR CORONER

Primary

*Typhoid fever*

How long

*3 weeks*

Immediate

*Toxemia*

How long

*2 or 3 days*

Are the name, age, sex, color, date  
and place correctly given above?

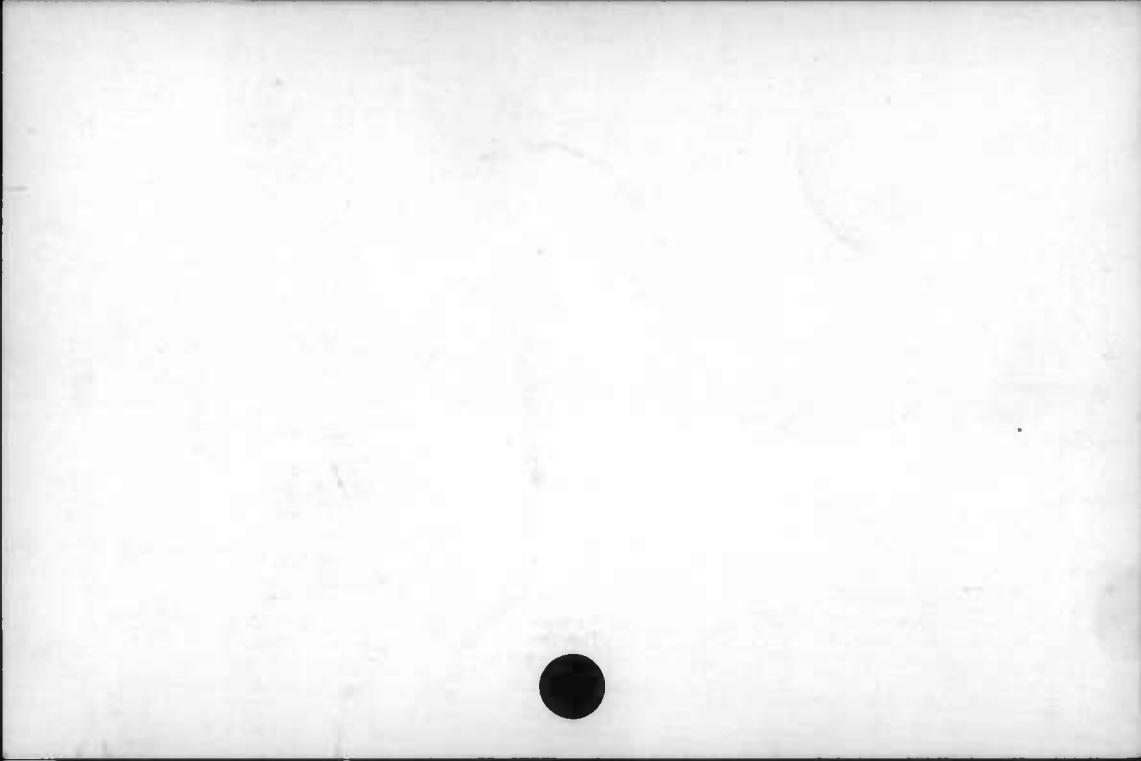
*yes*

Signature of  
Physician

Address

*J.M. Jones  
Cumberland  
Spent  
Md*

*8*  
Accident or Suicide



Name  
in  
Full

Elma Johns

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

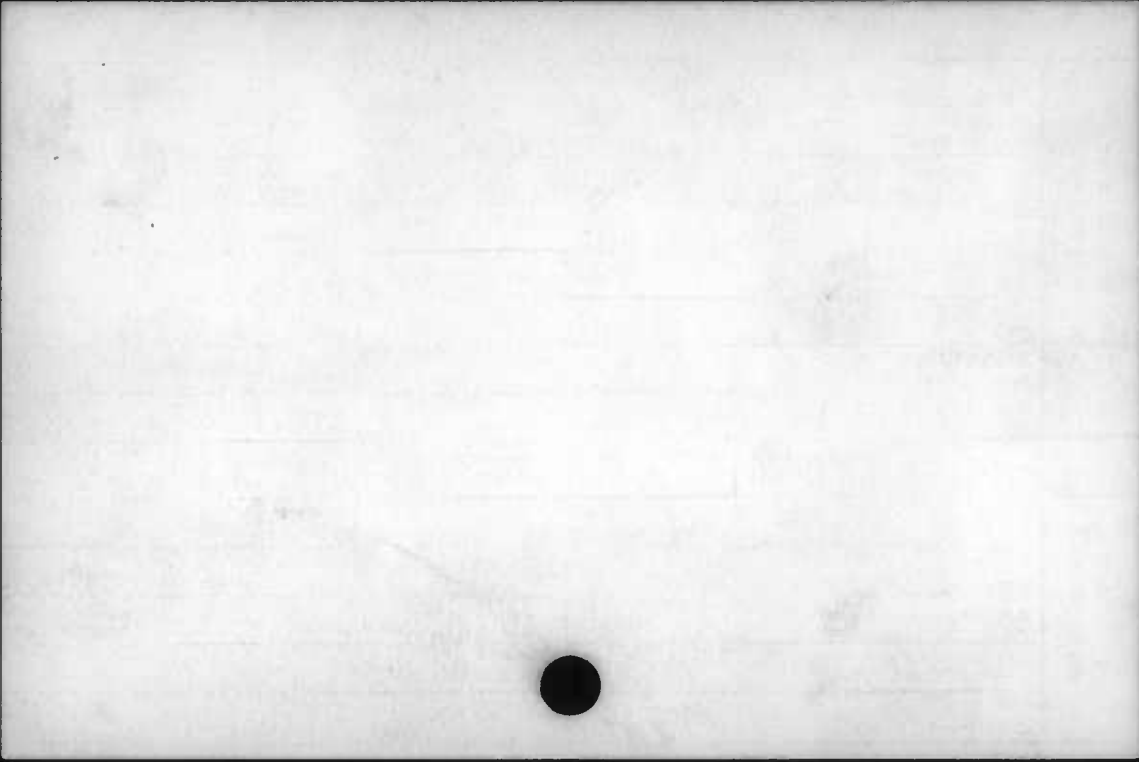
Died at <u>Lordsburg</u> Town		<u>Allieghany</u> County		MARYLAND	
Date of death	19 <u>40</u>	Month <u>4</u>	Day <u>4</u>	Age <u>52</u> Years	Months <u>7</u> Days <u>12</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>W. Virginia</u>		
Occupation <u>House wife</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>Albery Johns</u>			
Father's Name <u>Geo Ray</u>		Father's Birthplace <u>Do not know</u>			
Mother's Maiden Name <u>Mary Spindolph</u>		Mother's Birthplace <u>" " "</u>			
Name of person giving Information <u>Husband</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

131

PHYSICIAN  
OR CORONER

Primary	<u>Ovarian Tumor</u>	How long	<u>3 years</u>
Immediate	<u>Heart Failure</u>	How long	<u>2 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Dr. F. L. Chmies</u>	
		Address <u>Middlebrian Md.</u>	
Accident or Suicide? <u>2</u>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *David James*

Town *Frostburg* County *Allegany* MARYLAND

Died at *Frostburg* *Allegany*

Date of death *1960* Month *Apr.* Day *20* Age *52* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *H. Virginia*

Occupation *Laborer* Where Residing if not at place of death *—*

Married, Single or Widowed *Widower* Name of Wife or Husband *Betty Ford*

Father's Name *Moses Jones* Father's Birthplace *Virginia*

Mother's Maiden Name *Annie Jones* Mother's Birthplace *Virginia*

Name of person giving Information *Fred Jones* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Cancer of Liver* How long *Not exactly known*

Immediate *Dropsy & anemia* How long *4 weeks.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. A. R. Walker*

Address *Frostburg.*

Accident or Suicide *—*

Howthorn Turn Road Co  
Allegheny  
Secretary



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Harry P Keller</b>		Town <b>Cumberland</b>		County <b>Alleghany</b>		State <b>MARYLAND</b>	
Died at <b>Cumberland</b>		Month <b>Apr</b>		Day <b>30</b>		Years <b>50</b>	
Date of death <b>1910</b>		Month <b>Apr</b>		Day <b>30</b>		Years <b>50</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Frostburg Md</b>		Months <b>7</b>	
Occupation <b>Merchant</b>		Where Residing if not at place of death <b>Frostburg Md</b>					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Emma M Keller</b>					
Father's Name <b>Edward Keller</b>		Father's Birthplace <b>W Va</b>					
Mother's Maiden Name <b>Emma Stephens</b>		Mother's Birthplace <b>Cumbrd</b>					
Name of person giving information <b>Emma Keller</b>		How related to deceased <b>Wife</b>					

## CAUSES OF DEATH

How long

How long

PHYSICIAN  
OR CORONER

Primary

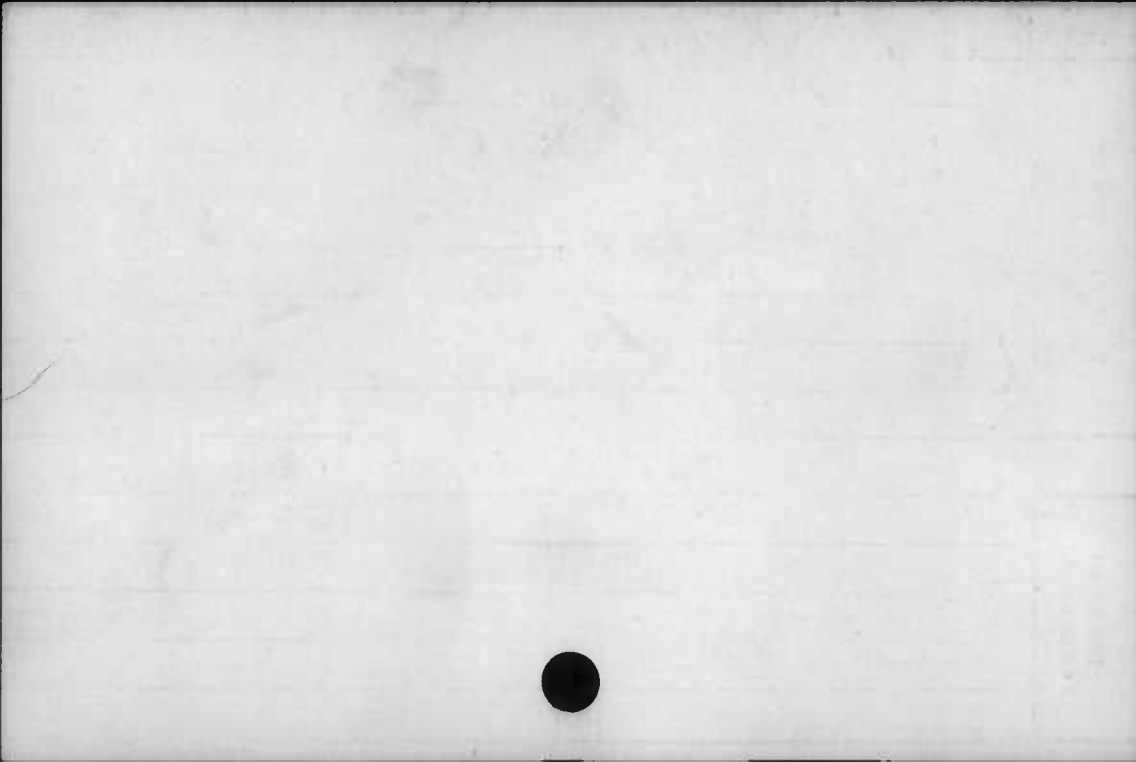
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*George Lemmert*  
Town *Exotbury* County *Allegheny* MARYLAND

Died at *Exotbury* *Allegheny*

Date of death 19*00* Month *4* Day *6* Age *47* Years *4* Months *16* Days

Sex *male* Color or Race *White* Birth-place *M. Sarage, Md*

Occupation *Miner* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *George A. Lemmert* Father's Birthplace *Germany*

Mother's Maiden Name *Annie Lizzie Kneiven* Mother's Birthplace *Germany*

Name of person giving Information *Henry Lemmert* How related to deceased *Brother*

CAUSES OF DEATH

*165* ✓

PHYSICIAN  
OR CORONER

Primary *Carbolic Acid Poisoning* How long *—*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *—* Signature of Physician *J. Cerber*

Address *Exotbury*

Accident or Suicide *Unknown*

Providence Farm & Seed Co

W. C. Luckie's Cemetery

Name  
in  
Full

Lorisa Leonard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cumbecland alleg County MARYLAND

Date of death 1960 Apr 11 Age 65 Months — Days —

Sex Female Color or Race White Birth-place Allegany Co Md.

Occupation Housewife Where Residing if not at place of death La Vale

Married, Single or Widowed Widow Name of Wife or Husband Mr Leonard

Father's Name Do not know Father's Birthplace Do not know

Mother's Maiden Name Do not know Mother's Birthplace " " "

Name of person giving Information Thomas Leonard How related to deceased Son

## CAUSES OF DEATH

109

✓

PHYSICIAN  
OR CORONER

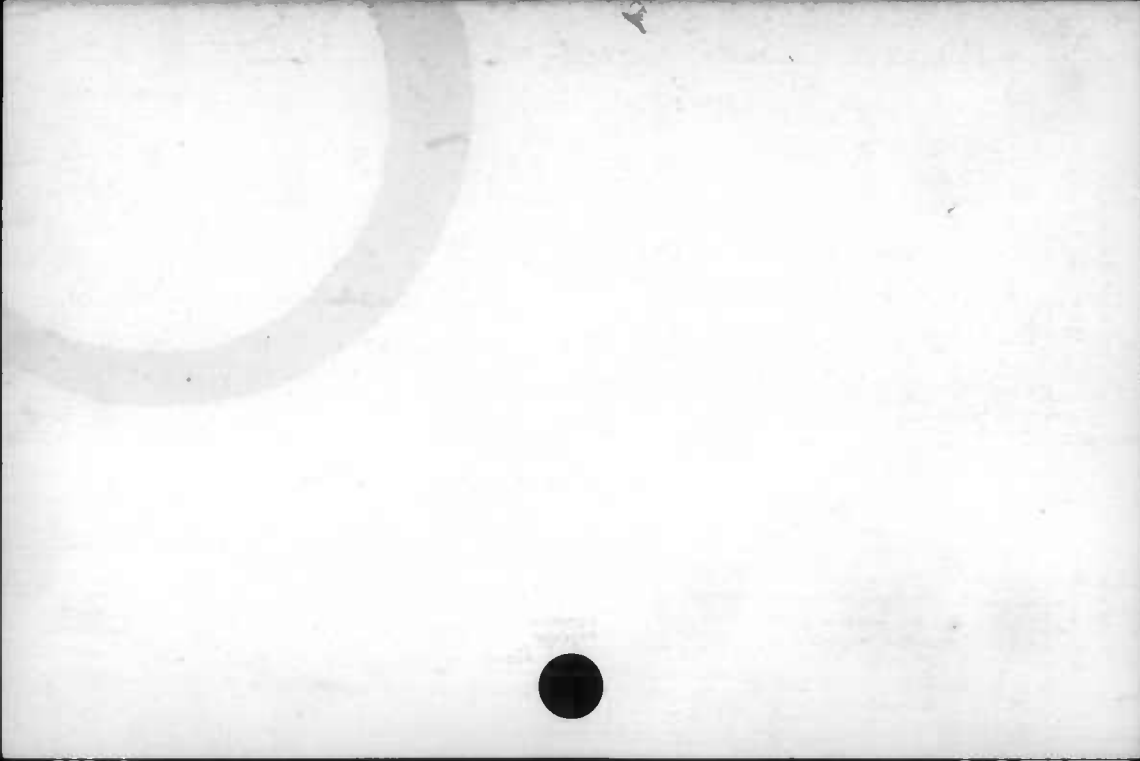
Primary Strangulated Hernia How long 12 hours

Immediate operation & by exhaustion How long —

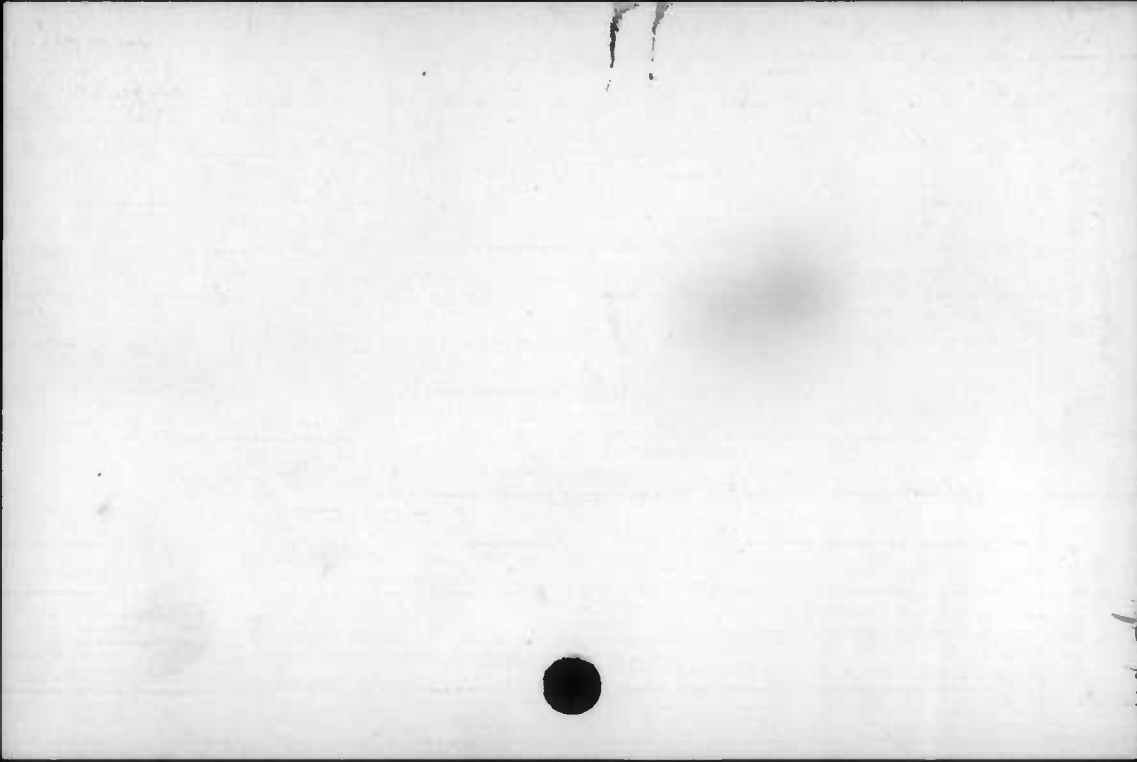
Are the name, age, sex, color, date and place correctly given above? Steu

Signature of Physician Thos. St. James Address Kondrighan Rd

Accident or Suicide 9



Name in Full		(Stillborn)		Lewis		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cumberland		County Allegany		MARYLAND	
	Date of death		1900	Month April	Day 16	Age —	Years —	Months —
	Sex		Female		Color or Race White		Birth-place Cumberland, Md.	
	Occupation —				Where Residing if not at place of death —			
	Married, Single or Widowed —		Name of Wife or Husband —					
	Father's Name Granville S Lewis				Father's Birthplace W. Va.			
	Mother's Maiden Name Gada Long				Mother's Birthplace W. Va.			
Name of person giving information Mother				How related to deceased Aunt				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Stillborn				How long 4 or 5 days	
	Immediate		(unknown)				How long —	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician E. S. L. Broadnax, M.D.			
					Address Cumberland, Md.			
Accident or Suicide?								





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Luther M Linniger* Town *Cumberland* County *Allegheny* MARYLAND

Died at *Cumberland* *Allegheny*

Date of death *1910* Month *April* Day *30* Age *59* Years Months *9* Days *24*

Sex *male* Color or Race *white* Birth-place *Chambersburg Pa*

Occupation *Furnace* Where Residing if not at place of death *Confluence, Pa*

Married, Single or Widowed *married* Name of ~~Wife~~ *Wife, Amanda Linniger*

Father's Name *Lewis Linniger* Father's Birthplace *Pa*

Mother's Maiden Name *Marguerite Groves* Mother's Birthplace *Pa*

Name of person giving information *G. L. Linniger* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *asthma* How long *40 years*

Immediate *Heart-Failure* How long *2 months*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *G. L. Linniger*

Address *Frostburg*

Accident or Suicide? *Confluence Pa*

Jacob Hefner

Feb 9 and

Apr 30

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Franklin Russell Lindalby* Town *Cumtland* County *Allegh* MARYLAND

Died at *Cumtland*

Date of death *10* *Apr.* *29* Age *1* Years *10* Months *1* Days

Sex *Male* Color or Race *White* Birth-place *MD.*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Joseph Lindalby* Father's Birthplace *MD.*

Mother's Maiden Name *Alice Hardy* Mother's Birthplace *West Va.*

Name of person giving information *Joseph Lindalby* How related to deceased *Father*

## CAUSES OF DEATH

(92)

PHYSICIAN  
OR CORONER

Primary *Pneumonia* How long *9 Days*

Immediate *Convulsions* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *Dr. Bairdall* Address *Cumtland MD.*

Accident or Suicide? *Stress*

Doe Kelly. Berkley Co  
Va

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Winfething</i> <sup>Town</sup>		<i>Alleghany</i> <sup>County</sup>		MARYLAND	
Date of death 1900 <i>April</i> <sup>Month</sup> <i>30</i> <sup>Day</sup>		Age <i>24</i> <sup>Years</sup>		<i>12</i> <sup>Months</sup>	<i>29</i> <sup>Days</sup>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth place <i>Leckhard Md.</i>	
Occupation <i>Domestic</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Rallan Mc Donald</i>		Father's Birthplace <i>England</i>			
Mother's Maiden Name <i>Ellen Tradersburg</i>		Mother's Birthplace <i>Ireland</i>			
Name of person giving Information <i>Mrs Ellen Mc Donald</i>		How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pul Tuberculosis</i>	How long <i>3 months</i>
Immediate	<i>Exhaustion</i>	How long <i>few days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J Griffith</i>
		Address <i>Finselburg</i>
Accident or Suicide <input type="checkbox"/>		

Hahn  
Castroville

Name  
in  
Full

Nicholas Stewart McKenty

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *Lonsberry*

*Allegheny*

Date

of death 19*00*

Month

*April*

Day

*2*

Age

*68*

Months

*10*

Days

Sex

*Male*

Color or  
Race

*White*

Birth-  
place

*Canada*

Occupation

*Saloon Keeper*

Where Residing if not  
at place of death

*—*

Married, Single  
or Widowed

*Married*

Name of Wife or  
Husband

*Mrs. Isobel Hutchinson McKenty*

Father's  
Name

*Bernard McKenty*

Father's  
Birthplace

*Ireland*

Mother's  
Maiden Name

*Anne Hairy*

Mother's  
Birthplace

*Ireland*

Name of person giving  
Information

*Mrs. H. B. McKenty*

How related  
to deceased

*Wife*

CAUSES OF DEATH

*64*

*✓*

Primary

How long

Immediate

*Cerebral Hemorrhage*

How long

*10 minutes*

Are the name, age, sex, color, date  
and place correctly given above?

*Yes*

Signature of  
Physician

*Henry M. Hodges*

Address

*Lonsberry, Md*

Accident or Suicide

*No*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Charles P. Mackin*  
Town *Cumberland* County *Allegany*  
Died at *MARYLAND*  
Date of death 19*10* Month *Apr.* Day *22* Age *—* Years *—* Months *7* Days *—*  
Sex *male* Color or Race *White* Birth-place *Cumt d*  
Occupation *none.* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*  
Father's Name *P. J. Mackin* Father's Birthplace *Ireland*  
Mother's Maiden Name *Mary Barry* Mother's Birthplace *Barren Co Md*  
Name of person giving Information *P. J. Mackin* How related to deceased *Father*

CAUSES OF DEATH

Primary *Whooping Cough* How long *1 mo*  
Immediate *Pneumonia* How long *3 da.*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*G. Leo Fausch*  
*Franklin*

PHYSICIAN  
OR CORONER

*Stewart*

~~Accident or Suicide~~

68. *Seymouria belou, 1st.*

Name  
in  
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

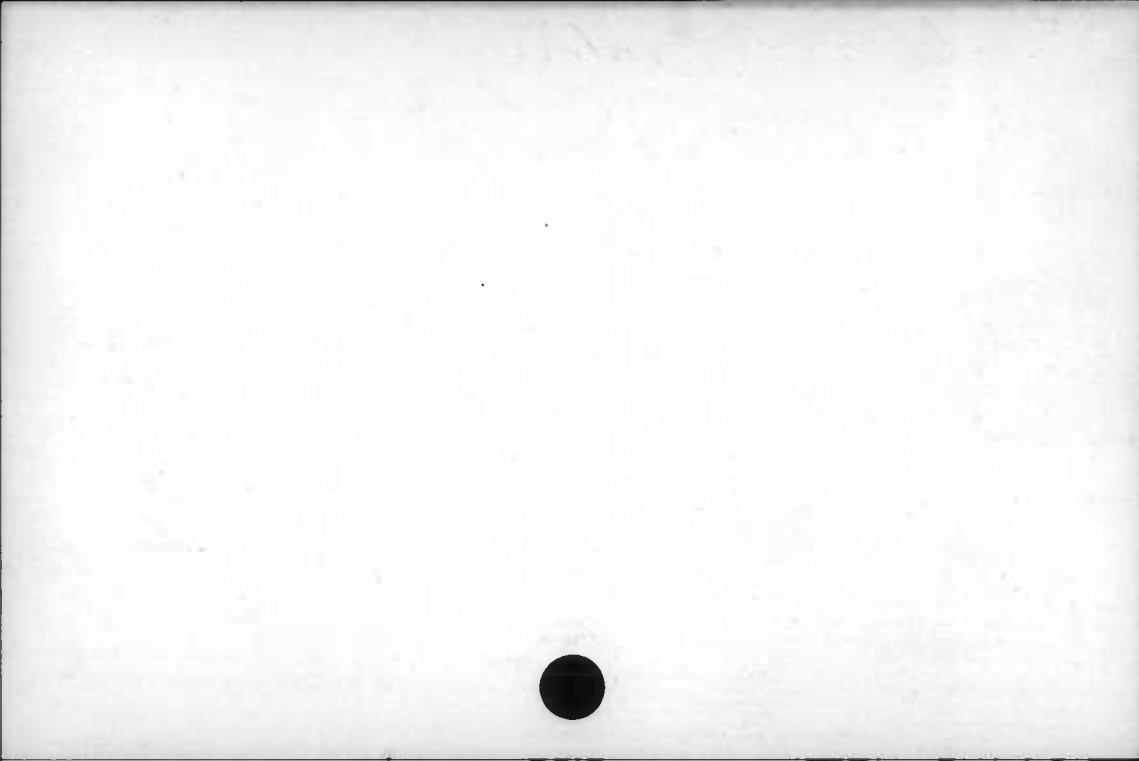
Name *Joshua B Malom* Town *Swiggton* County *Alle*  
Died at *Swiggton*  
Date of death *1900 Apr 20* Age *26* Months *—* Days *—*  
Sex *Male* Color or Race *White* Birth-place *Md*  
Occupation *Sawmill Hand* Where Residing if not at place of death *Spring Gap*  
Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Do not know* Father's Birthplace *Do not know*  
Mother's Maiden Name *Kary Malom* Mother's Birthplace *Md*  
Name of Person giving Information *Mickial C I Swigg* How related to deceased *none*

CAUSES OF DEATH

Primary *Fall on running saw* How long *166*  
Immediate *Mutilation of body* How long *174*  
*15 minutes*

Are the name, age, sex, color, date and place correctly given above? *Yes*  
Signature of Physician *Coroner* Address *John J. Dressman*  
*Stein* *Crab'd, Md*  
Accident or Suicide *Accident*



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Supposed to be, A. Maroff.

Town

County

Died at

Emmelford

Allegheny

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1900

4

14

Age

35

Sex

Male

Color or  
Race

White

Birth-  
place

Tutkum

Occupation

Unknown

Where Residing if not  
at place of deathMarried, Single  
or Widowed

" "

Name of Wife or  
Husband

Unknown

Father's  
Name

" "

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

" "

Mother's  
Birthplace

" "

Name of person giving  
Information

G. J. Butler

How related  
to deceased

Wife of father

## CAUSES OF DEATH

H66

175

Primary

Struck by B. &amp; O. train

How long

Immediate

Immediate

Concussion of brain

How long

"

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

Address

Coroner

John J. Dressman  
Chestertown Md.

Accident or Suicide

Accident

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

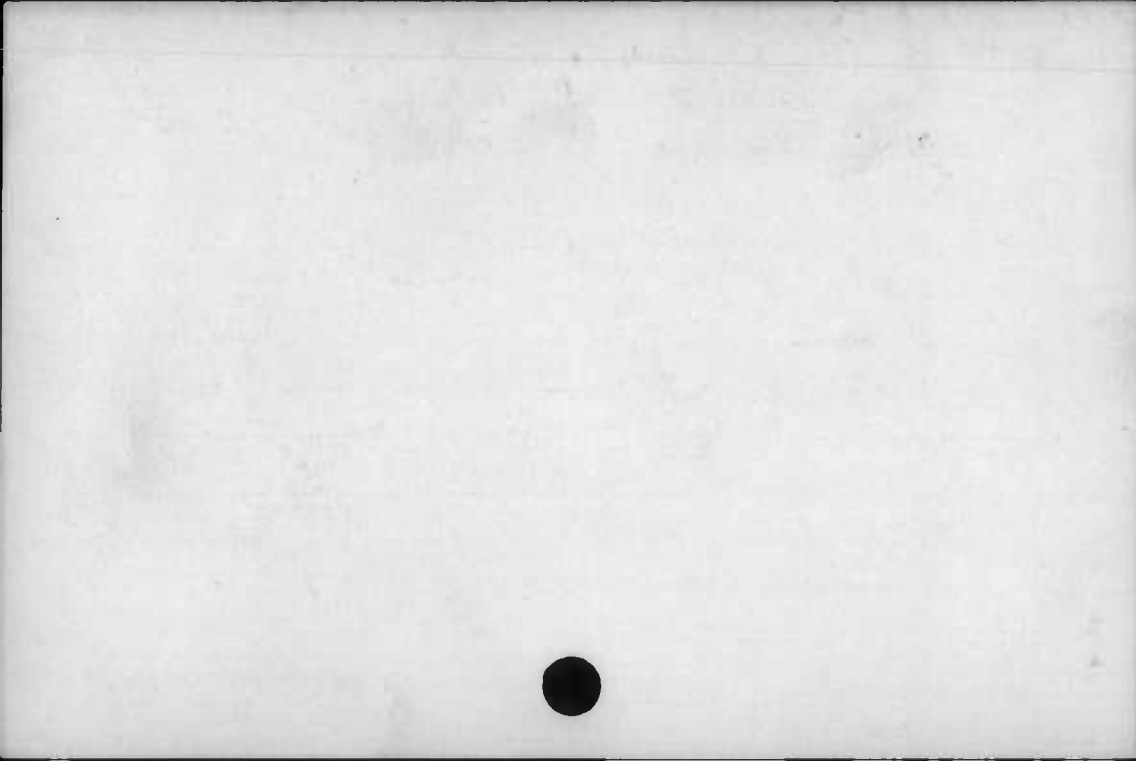
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>National</i> <sup>Town</sup>		<i>Allegheny</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i>	<sup>Month</sup> <i>April</i>	<sup>Day</sup> <i>16</i>	<sup>Years</sup> <i>6</i>	<sup>Months</sup> <i>5-</i> <sup>Days</sup> <i>24</i>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>National</i>
Occupation	<i>None</i>		Where Residing if not at place of death _____		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband _____			
Father's Name	<i>William F. Martin</i>			Father's Birthplace	<i>Pa</i>
Mother's Maiden Name	<i>Alice Clice</i>			Mother's Birthplace	<i>National</i>
Name of person giving information	<i>William F. Martin</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>1 week</i>
Immediate	<i>Toxins of Diphtheria</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>G. L. Linniger M.D.</i>	
		Address <i>Frederick Md</i>	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John Thomas Marten</i>		Town <i>Brookburg</i>		County <i>Alleghany</i>		MAYLAND	
Died at <i>Brookburg</i>		Month <i>April</i>		Day <i>6</i>		Years <i>17</i>	
Date of death <i>1960 April 6</i>		Age <i>17</i>		Months <i>3</i>		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Brookburg</i>			
Occupation <i>Miner</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Isaac Marten</i>		Father's Birthplace <i>Midland</i>					
Mother's Maiden Name <i>Catherine Arthur</i>		Mother's Birthplace <i>Brookburg</i>					
Name of person giving Information <i>Isaac Marten</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

94

PHYSICIAN  
OR CORONER

Primary	<i>Pleurisy with effusion</i>		How long	<i>5 days</i>
Immediate	<i>Cardiac collapse from effusion</i>		How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>Dr. A. R. Walker</i>	
			Address <i>Brookburg.</i>	
Accident or Suicide				

Jacob Hofer

Allegheny

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Date

of death

1940 April

Day

5

Age

45

Years

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Md

Occupation

Hotel keeper

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Cora B Kinsel

Father's  
Name

John H Martin

Father's  
Birthplace

Md

Mother's  
Maiden Name

Lucy Morris

Mother's  
Birthplace

Ma

Name of person giving  
Information

Marcellus Martin

How related  
to deceased

Brother

## CAUSES OF DEATH

1

Primary

Typhoid Fever

How long

4 weeks

Immediate

Exhaustion

How long

1 day

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

S. H. White  
Crimmerland Ind.

Accident or Suicide

PHYSICIAN  
OR CORONER



11.11.11

Name  
in  
Full

Margrute Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cumberland Allegany County MARYLAND  
 Date of death 1960 Month Apr Day 6 Age 91 Years Months - Days -  
 Sex Female Color or Race White Birth-place Germany  
 Occupation retired Where Residing if not at place of death -  
 Married, Single or Widowed Widow Name of Francis Martin Husband  
 Father's Name Casper Schenck Father's Birthplace Germany  
 Mother's Maiden Name Dr not known Mother's Birthplace Do not K.  
 Name of person giving Information Grand Martin How related to deceased Son

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary Advanced age.  
Exhaustion  
 Immediate

How long months  
 How long weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Dr. Schenck

Address

Accident or Suicide

Martin

154 ✓



Name  
in  
Full

CERTIFICATE OF DEATH

Alfred Mason

Town

County

MARYLAND

Died at *Cumtass*

*Adelgair*

Date  
of death 1900

Month

*Apr*

Day

*12*

Age

*13 -*

Years

Months

Days

Sex

*male*

Color or  
Race

*White*

Birth-  
place

*Westport*

Occupation

*none*

Where Residing if not  
at place of death

*-*

Married, Single  
or Widowed

*Single*

Name of Wife or  
Husband

*-*

Father's  
Name

*Joseph Mason*

Father's  
Birthplace

*va*

Mother's  
Maiden Name

*Mary Danbago*

Mother's  
Birthplace

*va*

Name of person giving  
Information

*Mary Mason*

How related  
to deceased

*mother*

CAUSES OF DEATH

Primary

*Typhoid Fever*

How long

*3 weeks*

Immediate

*Exhaustion*

How long

*3 days*

Are the name, age, sex, color, date  
and place correctly given above?

*yes -*

Signature of  
Physician

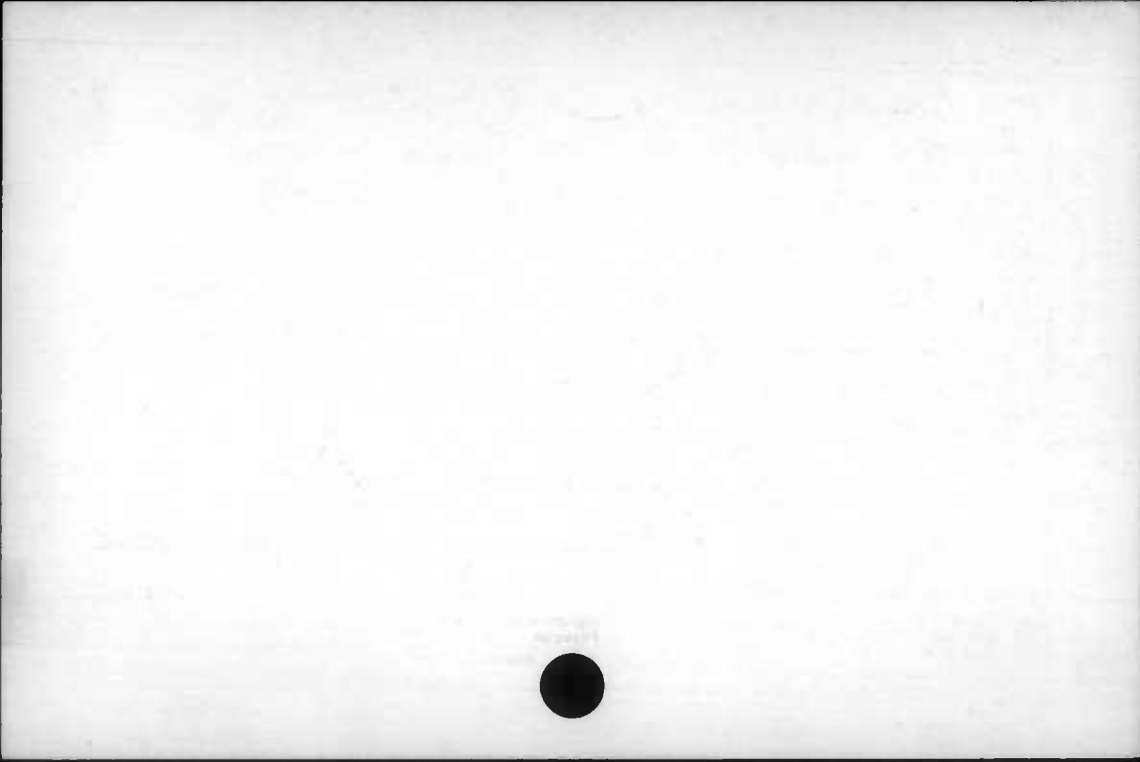
Address

*Leo Franklin (GHD)  
Cummerford*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Margaret Meiser

Died at Cumberland Alleg. County

MARYLAND

Date of death 1900 April 9 Age 29 Months — Days —

Sex Female Color or Race White Birth-place Md

Occupation Housekeeper Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband George Meiser

Father's Name George Seville Father's Birthplace France

Mother's Maiden Name Fannie Miller Mother's Birthplace Va.

Name of person giving Information Clara Seville How related to deceased Sister

CAUSES OF DEATH

185

PHYSICIAN  
OR CORONER

Primary Bichloride Mercury Poisoning How long 8 hours

Immediate Heart failure

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Address Coroner John F. Dressman Cumberland Md

Accident or Suicide Accident



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Denton Merrbaugh

Town

County

Died at

Cumber

Orange

MARYLAND

Date

of death

1990

Month

Apr

Day

24

Age

Years

—

Months

4

Days

—

Sex

Male

Color or  
Race

White

Birth-  
place

Cumber

Occupation

—

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

—

Name of Wife or  
Husband

—

Father's  
Name

Walter Merrbaugh

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Mabel Borman

Mother's  
Birthplace

Md.

Name of person giving  
Information

Walter Merrbaugh

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Pneumonia

How long

(92)

3 days

Immediate

Exhaustion

How long

1 day

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

E. L. Bradbury

Address

1000 ...

Accident or Suicide

THE UNIVERSITY OF CHICAGO

Laymona L.

Name  
in  
Full

Clarence R. Michael

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Trostburg <sup>Town</sup> Allegany <sup>County</sup> MARYLAND

Date of death 1910 4 7 27 1 15  
 of death 190 4 7 27 1 15

Sex M. Color or Race W. Birth-place Md

Occupation Miner Where Residing if not at place of death

Married, Single or Widowed  Name of Wife or Husband Ethel Michael

Father's Name Calvin Michael Father's Birthplace Md

Mother's Maiden Name Elizabeth A. Michael Mother's Birthplace Md.

Name of person giving Information Calvin Michael How related to deceased Father.

## CAUSES OF DEATH

178

PHYSICIAN  
OR CORONER

Primary Died Sudden, while eating no P.M. Cause unknown Sudden

Immediate no P.M. Cause unknown Sudden

Are the name, age, sex, color, date and place correctly given above?  Signature of Physician W.O. McLane

Address Trostburg Md

Accident or Suicide

J.F.W.C.

alley

Name  
in  
Full

## CERTIFICATE OF DEATH

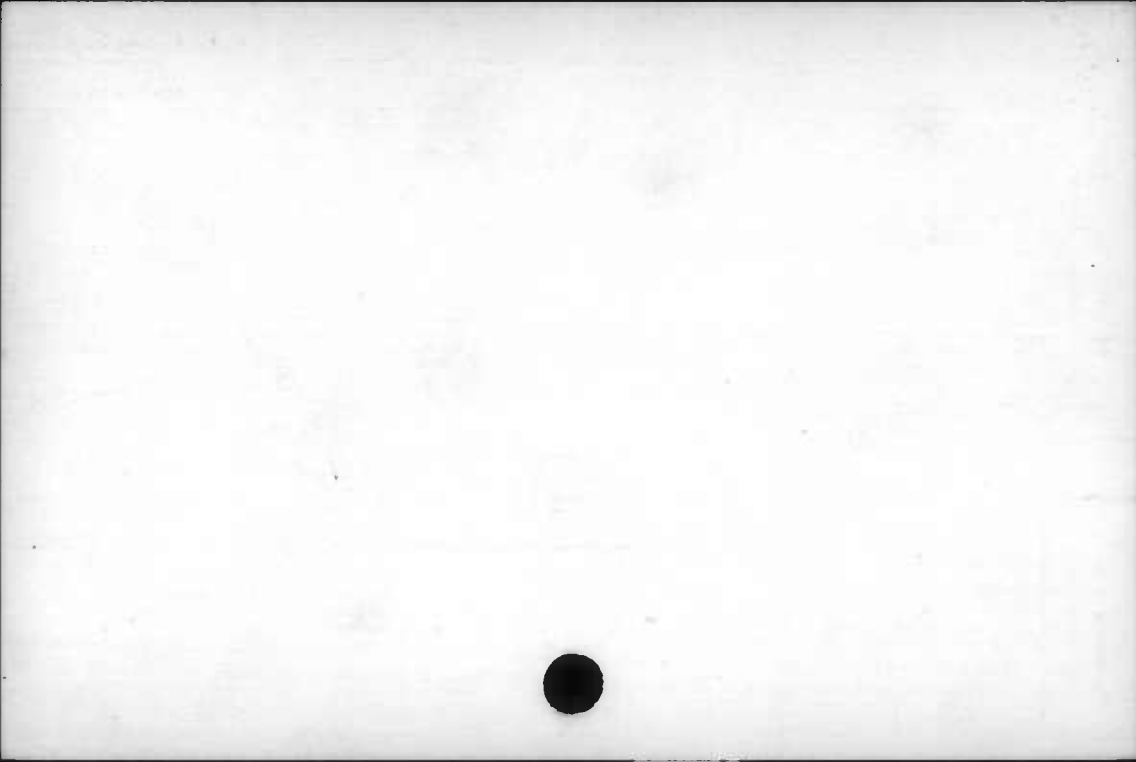
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lonscoming</i>		Town		<i>Allegheny</i>		County		MARYLAND	
Date of death 1900		Month <i>April</i>		Day <i>17</i>		Age <i>15</i>		Years <i>9</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Lonscoming</i>		Months		Days	
Occupation <i>Factory girl</i>		Where Residing if not at place of death							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband							
Father's Name <i>Frank K. Mullen (deceased)</i>		Father's Birthplace <i>Scotland</i>							
Mother's Maiden Name <i>Mary E. Stewart</i>		Mother's Birthplace <i>Lonscoming</i>							
Name of person giving Information <i>Mrs Mary E. Mullen</i>		How related to deceased <i>Mother</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dysphoria Fever</i>	How long <i>Four weeks</i>
Immediate <i>Regurgitation of blood &amp; uncontrollable vomiting</i>	How long <i>Four days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. D. Skilling M.D.</i>
	Address <i>Lonscoming</i>
Accident or Suicide <i>no</i>	





Name  
in  
Full

William E. Nicely

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cumberland Alleg County MARYLAND

Date of death 1900 Apr Month 3 Day Age 29 Years Months Days

Sex Male Color or Race White Birth-place Ma

Occupation Musician Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed Married Name of Wife or Husband Bessie Chaney

Father's Name William Nicely Father's Birthplace Va

Mother's Maiden Name Laura Virginia Brant Mother's Birthplace Ind

Name of person giving Information William Nicely How related to deceased Father

CAUSES OF DEATH

(28)

PHYSICIAN  
OR CORONER

Primary Pulmonary Tuberculosis How long 2 yrs?

Immediate Exhaustion How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician A. L. L. L. L.

Free. Address Cumberland

Accident or Suicide \_\_\_\_\_

Died at the residence of his  
Father 163 2nd ave at 1 P M  
Sunday leaves wife funeral  
at the house Rev. Munford  
will officiate

Name  
in  
Full

*Augustus Olbrick*

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *Cumtob*

*accyony*

Date of death 19*00* Month *Apr* Day *20* Age *50* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Germany*

Occupation *Wife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Charles Olbrick*

Father's Name *Don't know* Father's Birthplace *D. K.*

Mother's Maiden Name *"* Mother's Birthplace *" "*

Name of parson giving Information *Charles Olbrick* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Typhoid fever.* How long *10 days*

Immediate *Cholera* How long *—*

Are the name, age, sex, color, data and place correctly given above? *Yes*

Signature of Physician *Thos. W. Loom*  
Address *Cumtobland Md*

*Sacred*  
Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Husband  
In Hall of Philistine Army  
Anna at Home

Name  
in  
Full

Thomas.

Peck

(Peck)

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

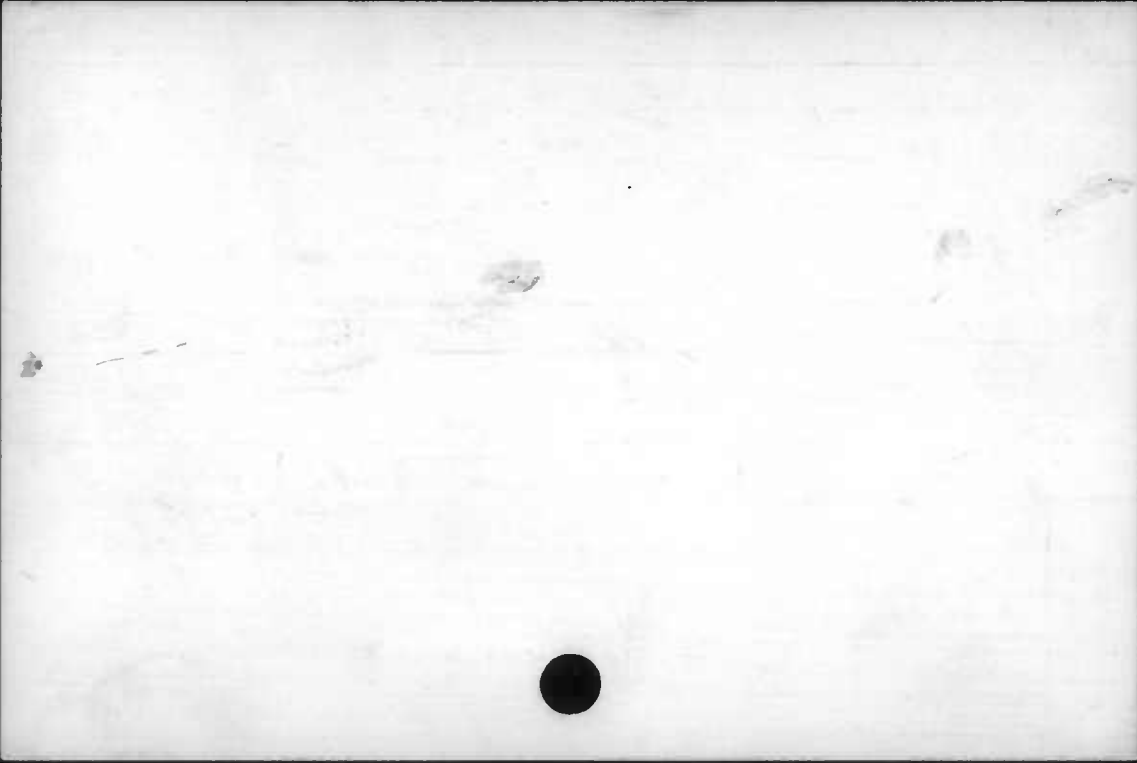
Diad at		Town		County		MARYLAND	
Date of death		Month	Day	Year	Months	Days	
1980		4	19	Age	4		
Sex		Color or Race		Birth-place			
Male		Black		Cumberland			
Occupation		Where Residing if not at place of death					
None							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Thomas Peck		Morehead, W. Va.					
Mother's Maiden Name		Mother's Birthplace					
Ladies Male		Cumberland					
Name of person giving Information		How related to deceased					
Thomas Peck		Father					

CAUSES OF DEATH

189

PHYSICIAN  
OR CORONER

Primary		How long	
Transition		6 mos	
Immediate		How long	
General exhaustion			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. W. Wiley	
		Address	
		Cumberland, Md.	
Accident or Suicide			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Hazel Price  
Nearbunnd

Town

County

MARYLAND

Date of death 1940 April 23 Age 4 Months 2 Days

Sex Female Color or Race White Birth-place Md  
Occupation none Where Residing if not at place of death Narrow Park

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name Christopher Price Father's Birthplace Md  
Mother's Maiden Name Lillian Kearns Mother's Birthplace Pa  
Name of person giving Information Christopher Price How related to deceased Father

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary Suppose I have caught fire while playing with stove  
Body buried below the hips - also 14 in  
inhalated flames, tongue throat  
How long  
Immediate Shock eyes buried (b.t.s.) 14 in

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician A. L. O. Hodgson  
Address Emmitsburg Md  
Hodgson

Accident or Suicide Accidental

(1)

122





Name  
in  
Full

Mrs. Robt. E. Riccumb

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

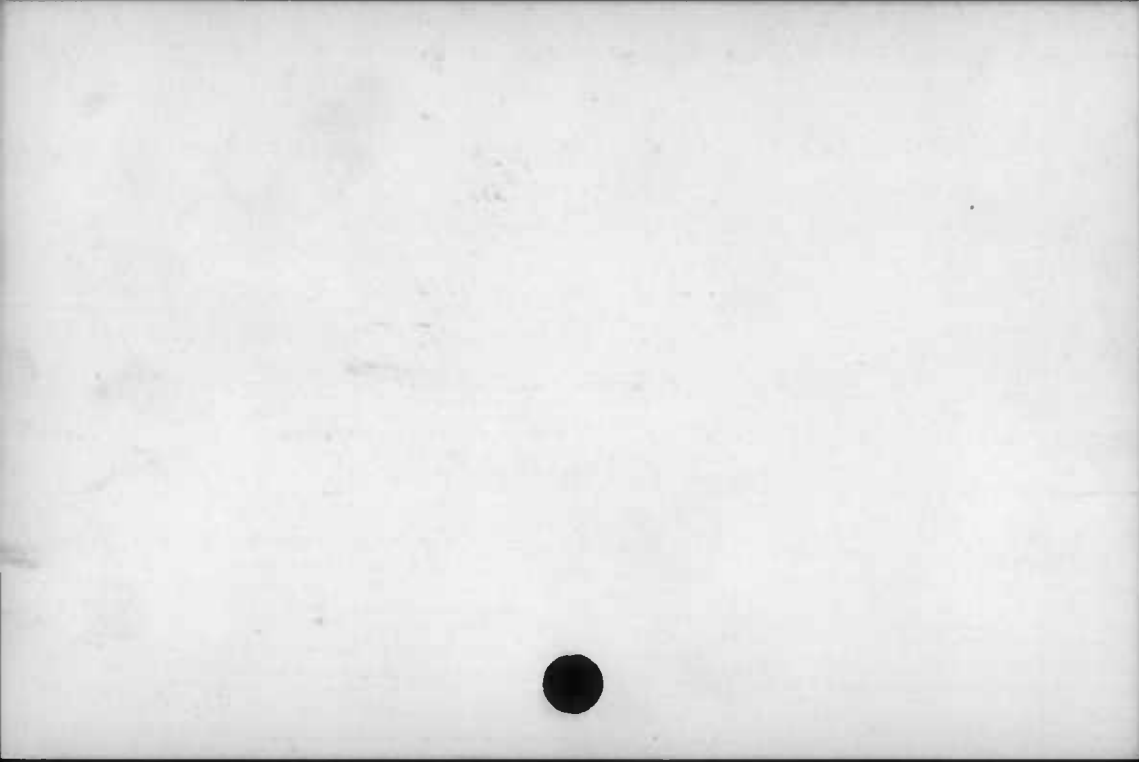
Died at <i>Old Town</i> <sup>Town</sup>		<i>Allegheny</i> <sup>County</sup>		MARYLAND	
Date of death	<i>190</i> <sup>Month</sup>	<i>April</i> <sup>Day</sup>	<i>16<sup>th</sup></i> <sup>Year</sup>	<i>51</i> <sup>Months</sup>	<i>4</i> <sup>Days</sup>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>Housewife</i>		Where Residing if not at place of death	<i>Green Spring, W. Va.</i>	
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Daniel Riccumb</i>	
Father's Name	<i>Andrew Linger</i>		Father's Birthplace	<i>Orangeville Pa</i>	
Mother's Maiden Name	<i>Lucy Linger</i>		Mother's Birthplace	<i>Orangeville Pa</i>	
Name of person giving information	<i>Carrie Shaker</i>		How related to deceased	<i>No relation</i>	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Heart Disease</i>	How long	<i>Six Years</i>
Immediate	<i>Heart failure from shock.</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Geo. W. Hartman</i>
		Address	<i>Old Town Pa</i>
Accident or Suicide?	<i>X</i>		



Name  
in  
Full

CERTIFICATE OF DEATH

Infant Rohrer

Town

County

MARYLAND

Died at

Cumulus alleg

Date

of death 1940

Month

Apr.

Day

4

Age

Years

—

Months

—

Days

—

Sex

Color or  
Race

White

Birth-  
place

Cumulus

Occupation

None

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

Don't know

Father's  
Birthplace

DK

Mother's  
Maiden Name

Cora Rohrer

Mother's  
Birthplace

W Va

Name of person giving  
Information

"

"

How related  
to deceased

Mother.

CAUSES OF DEATH

Primary

Premature Birth

How long

6 mo.

Immediate

(Specific) mother

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

✓ True.

Signature of  
Physician

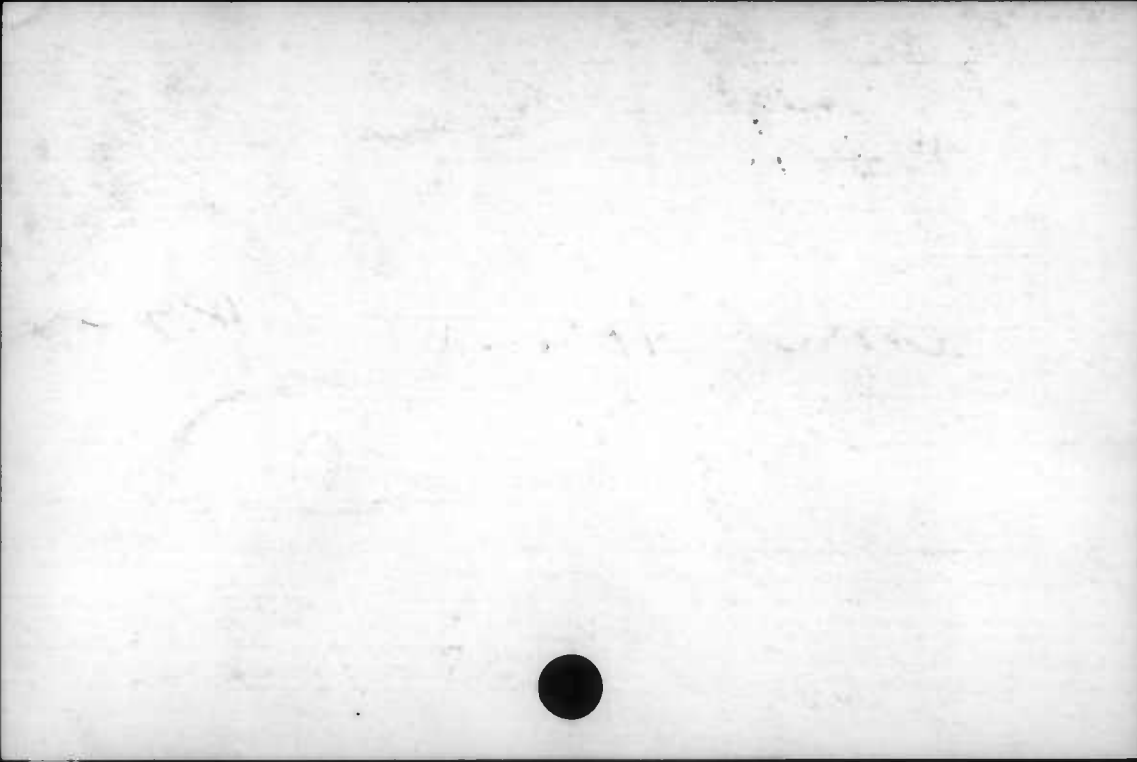
Dr. L. D. Burkholder  
Dr. Burkholder  
M.D.

Address

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Cornelius Ross

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Sylarum Retreat</u> <sup>Town</sup>		<u>Allegheny Co</u> <sup>County</sup>		MARYLAND	
Date of death	19 <u>05</u>	Month	<u>April</u>	Day	<u>23</u>
Age	<u>36</u> <sup>Years</sup>	Months	<u>1</u>	Days	
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth place	<u>Md</u>
Occupation	<u>Farmer</u>	Where Residing if not at place of death <u>Lonscoming Md.</u>			
Married, Single or <u>Widowed</u>		Name of Wife or Husband <u>L</u>			
Father's Name <u>Chas Ross</u>		Father's Birthplace <u>Scotland</u>			
Mother's Maiden Name <u>Jane Stevenson</u>		Mother's Birthplace <u>Scotland</u>			
Name of person giving Information <u>Brother</u>		How related to deceased			

CAUSES OF DEATH

(67) ✓

PHYSICIAN  
OR CORONER

Primary	<u>Parric's</u>	How long	<u>1 hr</u>
Immediate	<u>Exhaustion</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>F B M Donald</u>	
Address <u>Cumberland Md</u>		Accident or Suicide <u>Comen</u>	

3974

Name  
in  
Full

Edmund Ryan

CERTIFICATE OF DEATH

MARYLAND

Died at Cumtland Town all County

Date of death 1900 Month Apr Day 14 Age 62 Years Months Days

Sex male Color or Race White Birth-place Ireland

Occupation Laborer Where Residing if not at place of death -

Married, Single or Widowed Married Name of Wife or Husband Margaret Ryan

Father's Name Patrick Ryan Father's Birthplace Ireland

Mother's Maiden Name Julia Carey Mother's Birthplace Ireland

Name of person giving Information Margaret Ryan How related to deceased Wife

CAUSES OF DEATH

Primary Valvular Lesion of Heart How long 2 years

Immediate Heart failure How long short time

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Thos M. Krow  
Cumtland  
MD

Seaman

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

2 children

Patrick Edmund boy  
Mrs Will Morris boy

from Monday

St Peter's

40 25 -



Name  
in Full

Henry R. Shroyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

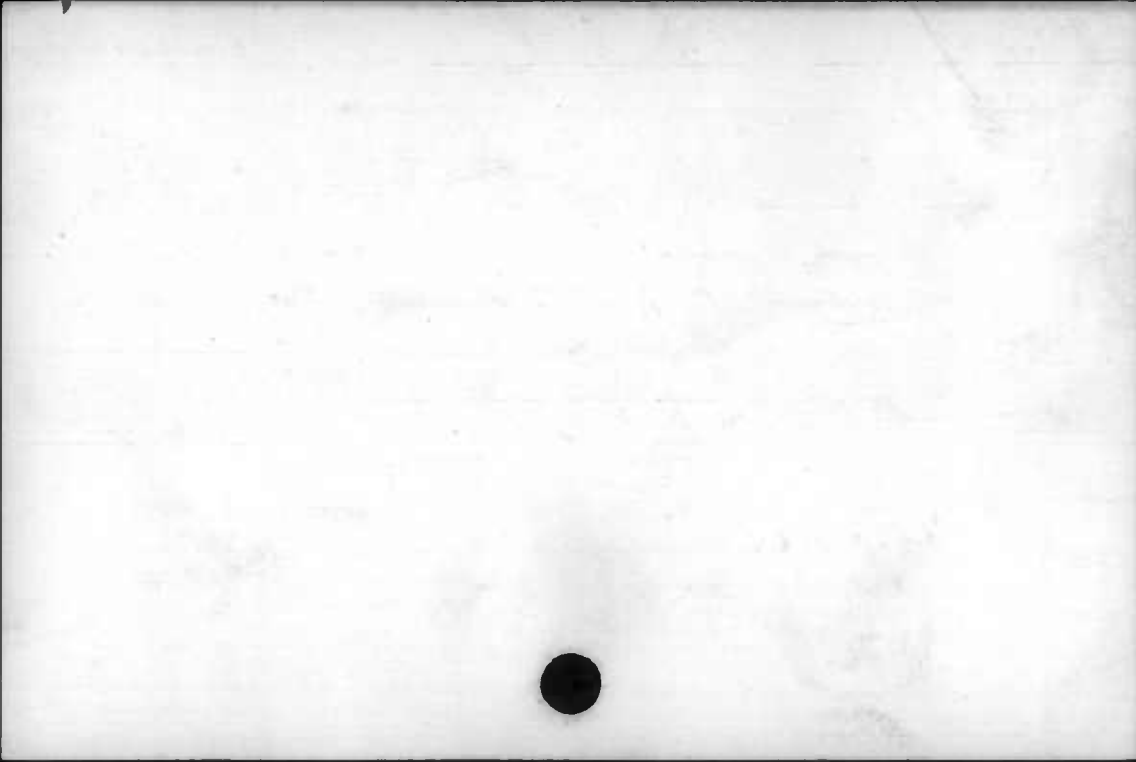
Died at <u>Cumberland</u> <sup>town</sup> <u>Allegany</u> <sup>County</sup> <u>MARYLAND</u>	
Date of death 19 <u>80</u> <u>4</u> <sup>Month</sup> <u>30</u> <sup>Day</sup> - Age <u>76</u> <sup>Years</sup> - <u>—</u> <sup>Months</sup> - <u>—</u> <sup>Days</sup>	
Sex <u>Male</u> - Color or Race <u>White</u>	Birth-place <u>Town Creek R</u>
Occupation <u>Carpenter</u>	Where Residing if not at place of death <u>Cumberland</u>
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Acie Shroyer</u>
Father's Name <u>Lewis G. Shroyer</u>	Father's Birthplace <u>Dan Co Va</u>
Mother's Maiden Name <u>Felicia French</u>	Mother's Birthplace <u>Town Creek R</u>
Name of person giving Information <u>Heslie C Shroyer</u>	How related to deceased <u>Son</u> -

CAUSES OF DEATH

120 V

PHYSICIAN  
OR CORONER

Primary <u>Nephritis</u>	How long <u>Several years</u>
Immediate <u>Exhaustion</u>	How long <u>24 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>D.B. Maden</u>
	Address <u>Cumberland, Md</u>
Accident or Suicide <u>9</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONERJohn A. Sills  
Town

County

Alleg

MARYLAND

Died at

Baltimore

Date

of death 1980

Month

April

Day

12

Age

68

Years

Months

7

Days

2

Sex

Male

Color or  
Race

White

Birth-  
place

Md

Occupation

Brickmaker

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Catherine Reckley

Father's  
Name

Sills

Father's  
Birthplace

D.C.

Mother's  
Maiden Name

Don't know

Mother's  
Birthplace

D.C.

Name of person giving  
Information

Walter Sills

How related  
to deceased

Son

## CAUSES OF DEATH

120

✓

Primary

Interstitial Nephritis

How long

6 months

Immediate

Uremic Coma

How long

1 day

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

E.H. White

Address

Cumberland Md

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Steve Sifos

Town Centerville County Allegheny **MARYLAND**

Died at Centerville Allegheny

Date of death 190 10 Month 4 Day 14 Age 20 Years Months Days

Sex Male Color or Race White Birth-place Hungary

Occupation laborer Where Residing if not at place of death md

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name Steve Sifos Father's Birthplace "

Mother's Maiden Name Barbara Frank Mother's Birthplace "

Name of person giving Information Steve Sifos How related to deceased son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

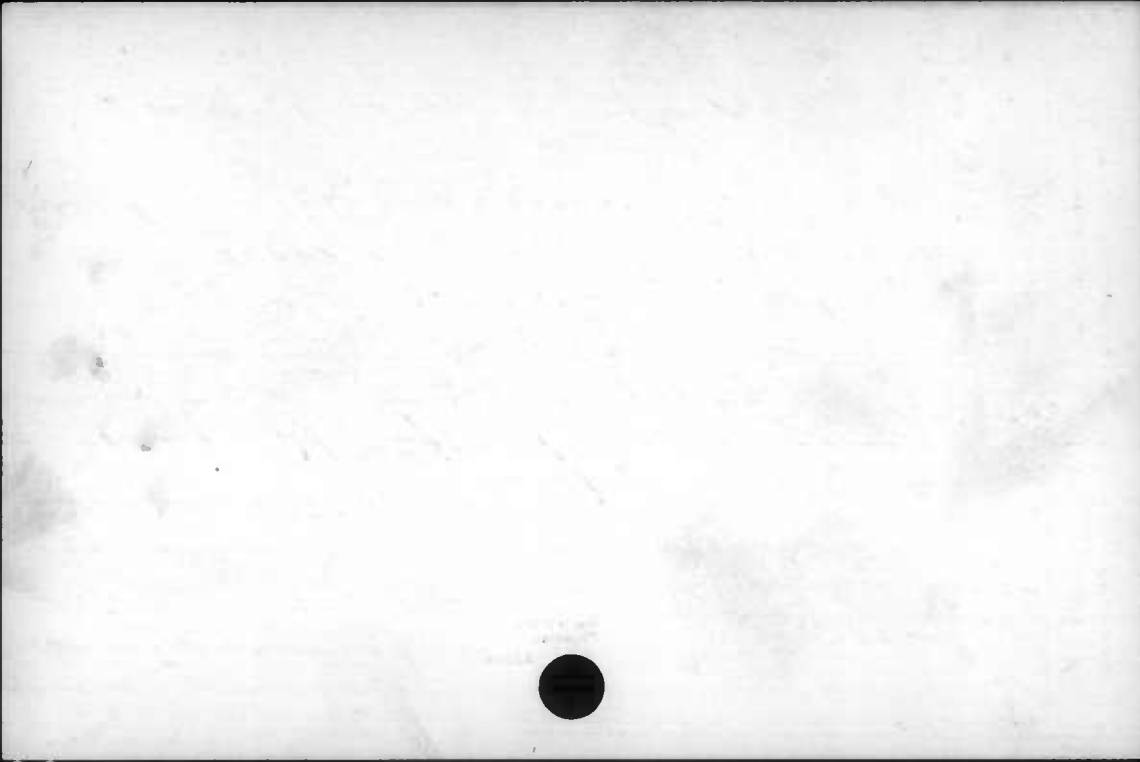
Primary Leg. Crurid in ruin How long 2 days

Immediate 300<sup>Bac</sup> infection How long 24 hours

Are the name, age, sex, color, date and place correctly given above? D.K. Signature of Physician A.H. Hawkenis

Address Centerville

Accident or Suicide accident lost and 14<sup>th</sup>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

James Smith

Town

County

MARYLAND

Died at

Lomax

Allegheny

Date

Month

Day

Years

Months

Days

of death

1917 Apr 4

Age

19

6

Sex

Female

Color or  
Race

White

Birth-  
place

Lomax

Occupation

Mill worker

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

John Smith

Father's  
Birthplace

Lottland

Mother's  
Meiden Name

Eliz. Clafford

Mother's  
Birthplace

"

Name of person giving  
Information

John Smith

How related  
to deceased

Father

## CAUSES OF DEATH

54 ✓

Primary

Pericarditis Acute

How long

8 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Henry M. Hodgson  
Lomax Ind

Accident or Suicide

No

PHYSICIAN  
OR CORONER





Name  
in  
Full

Uto Talmauro

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Eschard Town Alleghany County MARYLAND

Date of death 1960 Month April Day 28 Age 55 Years 5 Months 5 Days 5

Sex Male Color or Race White Birth-place Italy

Occupation Miner Where Residing if not at place of death Italy

Married, Single or Widowed Married Name of Wife or Husband Mary Grabe

Father's Name Don't know Father's Birthplace Italy

Mother's Maiden Name " Mother's Birthplace Italy

Name of person giving Information Frank Rose How related to deceased Wife

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primery Gunshot wound thro' heart How long Immediate

Immediate Internal Hemorrhage How long "

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician Coroner Address John F. Dressman

Accident or Suicide Murder Cum'd Med

Haps  
Percy.

Name  
in  
Full

CERTIFICATE OF DEATH


TO BE ANSWERED BY  
NEAREST FRIEND

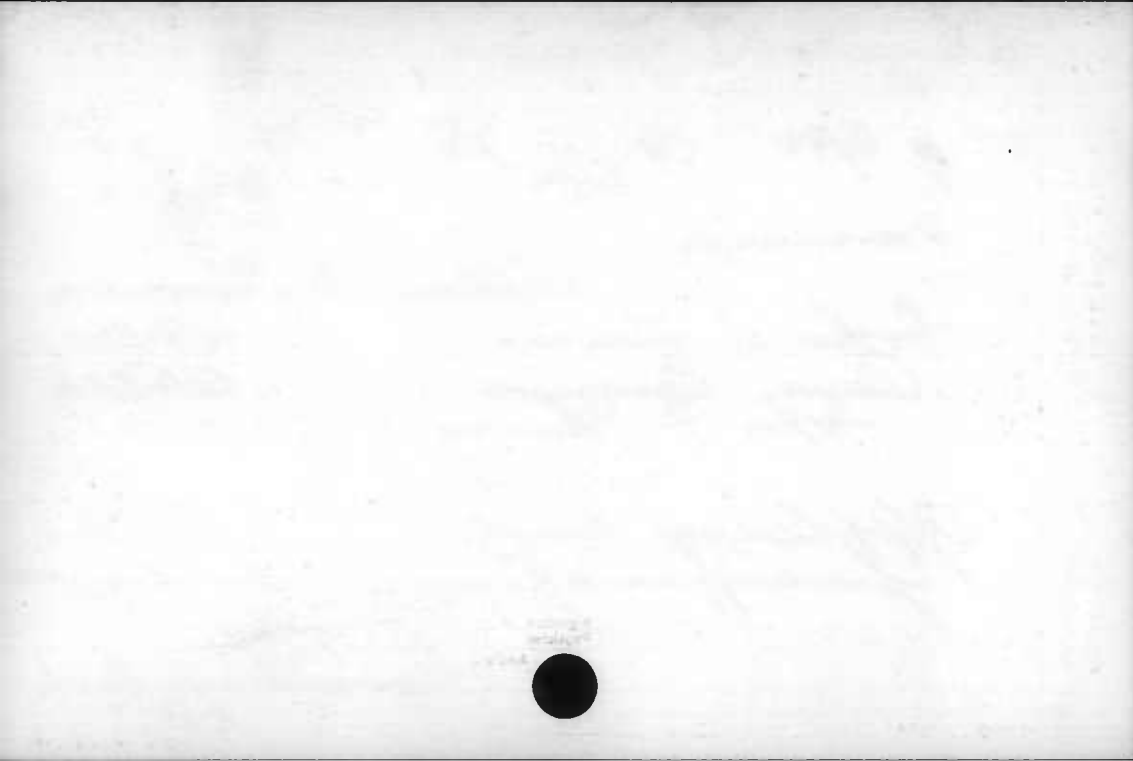
Name *Patrick Tansy* Town *Barton* County *Allegheny* **MARYLAND**  
 Died at *Barton*  
 Date of death *1940* Month *April* Day *8* Age *54* Months *✓* Days *✓*  
 Sex *Male* Color or Race *white* Birth-place *Alleg. Co. Ind.*  
 Occupation *miner* Where Residing if not at place of death *✓*  
 Married, Single or Widowed *married* Name of Wife or Husband *Ellen Porter*  
 Father's Name *Patrick Tansy* Father's Birthplace *Ireland*  
 Mother's Maiden Name *Margaret Connors* Mother's Birthplace *Ireland*  
 Name of person giving Information *Mrs Budget Connors* How related to deceased *Aunt*

CAUSES OF DEATH

**56** ✓

PHYSICIAN  
OR CORONER

Primary *Chronic Alcoholism* How long *A number 10 years*  
 Immediate *supposed to be heart failure* How long *Unknown*  
 Are the name, age, sex, color, date and place correctly given above? *Approximately* Signature of Physician *J. A. Bouchier*  
 Address   
 Accident or Suicide *✓*



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Elizabeth Thomas*

Town *Frostburg* County *Alleg* MARYLAND

Died at *Frostburg*

Date of death 19*10* Apr *13* Age *78* Months *11* Days *10*

Sex *F* Color or Race *W* Birth-place *Waller*

Occupation *Housewife* Where Residing if not at place of death *—*

~~Married, Single or Widowed~~ Name of Wife or Husband *William B Thomas*

Father's Name *John S. Lewis* Father's Birthplace *Waller*

Mother's Maiden Name *Ann Evans* Mother's Birthplace *Waller*

Name of person giving Information *John T. Thomas* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Apoplexy and* How long *5 weeks*

Immediate *Paralysis Coma* How long *one day*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. T. Thomas*

Address *Frostburg Ind*

Accident or Suicide *Q*

Frostburg Hunt & Lund Co

Allegany Cemetery

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Jane Walker* Town *Lincolnton* County *Allegheny* MARYLAND

Died at *Lincolnton* Date of death *1900 April 13* Age *81* Month *1* Days *8*

Sex *Female* Color or Race *White* Birth-place *Scotland*

Occupation *Housework - Invalid* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of ~~Wife~~ or Husband *Alexander Walker (deceased)*

Father's Name *Hugh Caldwell* Father's Birthplace *Scotland*

Mother's Maiden Name *Jane Allen* Mother's Birthplace *Scotland*

Name of person giving Information *Amelia Robertson* How related to deceased *Daughter*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Cerebral Hemorrhage - hemiplegia -* How long *11 months*

Immediate *Exhaustion* How long *Some time -*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *James O. Bullock M.D.* Address *Lincolnton Md.*

Accident or Suicide *no -*





Name  
in  
Full

Daniel Watson

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Cumberland a Allegany

Date

Month

Day

Years

Months

Days

of death 1940

Apr

3

Age about 60

Sex

male

Color or  
Race

White

Birth-  
place

H. Va

Occupation

Miner

do not know

Where Residing if not  
at place of death

H. Va

Married, Single  
or Widowed

D.K. Married

Name of Wife or  
Husband

D.K.

Father's  
Name

D-K-

Father's  
Birthplace

D-K

Mother's  
Maiden Name

D-K

Mother's  
Birthplace

D-K

Name of person giving  
Information

Western Ind Hospital

How related  
to deceased

none

## CAUSES OF DEATH

120

Primary

Chronic Nephritis

How long

Don't know

Immediate

Oedema of lungs

How long

W.R. 1 day

Are the name, age, sex, color, date  
and place correctly given above?So far as  
I knowSignature of  
Physician

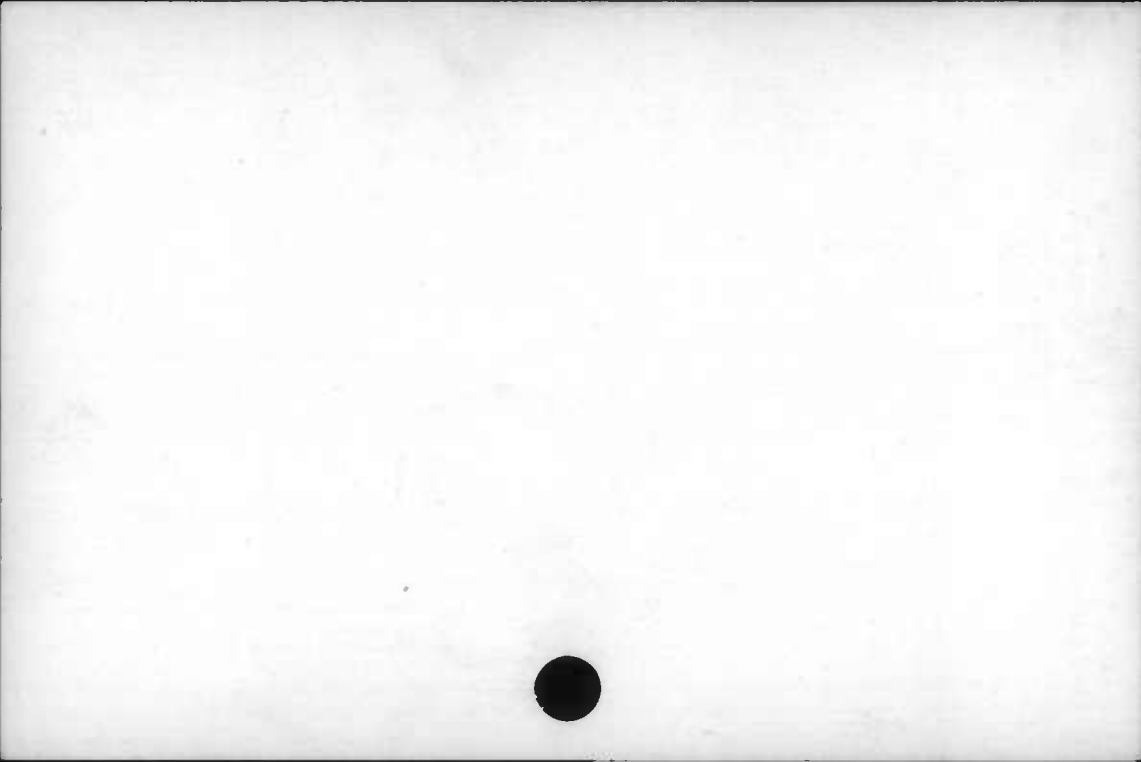
Address

Dr. Hodges  
Cumberland, Md

Accident or Suicide

Pneumonia

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

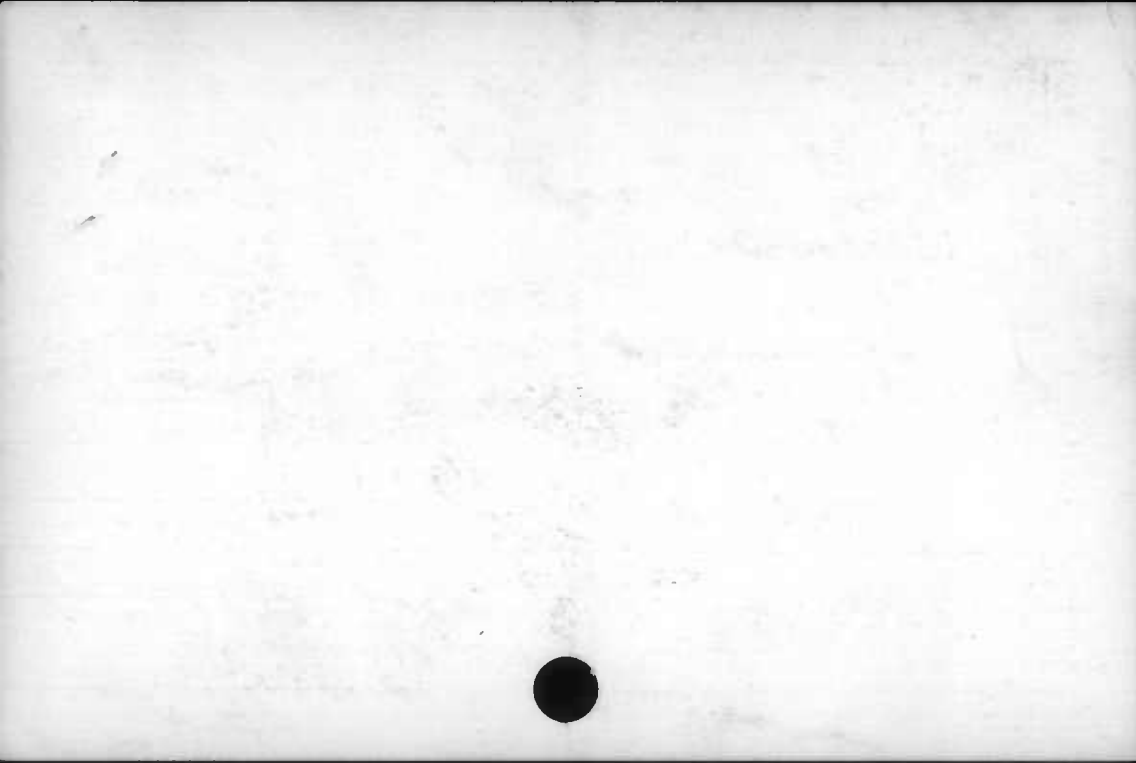
MARYLAND

Name *Gertrude Weber* Town *Annapoland* County *Alleg*  
Died at  
Date of death *1940* Month *Apr* Day *3* Age *66* Months *11* Days *8*  
Sex *Female* Color or Race *White* Birth-place *State Line Pa*  
Occupation *Housewife* Where Residing if not at place of death *—*  
Married, Single or Widowed *Married* Name of Wife or Husband *John Weber*  
Father's Name *John Bleichman* Father's Birthplace *Do not know*  
Mother's Maiden Name *Do not know* Mother's Birthplace *Do not know*  
Name of person giving Information *John Weber* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Bright's Disease* How long *about 3 yrs*  
Immediate *Exhaustion* How long *2 weeks*  
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. J. Turgg*  
*Accident or Suicide* Address *Annapoland Md*

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Isabella Whitgill</i>		Town <i>near Cumberland</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>near Cumberland</i>		Month <i>April</i>		Day <i>22</i>		Years <i>60</i>	
Date of death <i>1900</i>		Month <i>April</i>		Day <i>22</i>		Years <i>60</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Bloomington</i>		Months <i>2</i>	
Occupation <i></i>		Where Residing if not at place of death <i></i>		Days <i>17</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>		Father's Birthplace <i>Swanton</i>		Mother's Birthplace <i>Burnham</i>	
Father's Name <i>Emile Whitgill</i>		Mother's Maiden Name <i>Elizabeth Whitgill</i>		How related to deceased <i>Sister</i>			
Name of person giving information <i>Mrs. Busby</i>							

## CAUSES OF DEATH

154 ✓

PHYSICIAN  
OR CORONER

Primary <i>Sudden</i>	How long <i></i>
Immediate <i>Exhaustion</i>	How long <i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>D.B. McQuinn</i>
Address <i>Cumberland 218</i>	
Accident or Suicide? <i>Accident - Minus</i>	

Hoisting Iron + Wood Co

Robert Currier

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

James Winebrenner

Town

County

MARYLAND

Died at Cumberland

Allegany

Date

of death 1940

Month

Apr

Day

5

Years

Age 73 -

Months

Days

Sex

male

Color or  
Race

White

Birth-  
place

Md

Occupation

Farmer

Where Residing if not  
at place of death

- Mt Savage

Married, Single  
or Widowed

Widower

Name of Wife or  
Husband

- Don't know

Father's  
Name

Isaac Winebrenner

Father's  
Birthplace

Md

Mother's  
Maiden Name

Nancy Barnard

Mother's  
Birthplace

Md

Name of person giving  
information

Jessie Winebrenner

How related  
to deceased

Son -

## CAUSES OF DEATH

154

Primary

Senility -

How long

-

Immediate

Exhaustion

How long

34 hrs.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

F.B. M. Small

Address

Cumberland Md

Accident or Suicide

✓

PHYSICIAN  
OR CORONER





Name  
in  
Full

Chas Leslie Wolf.

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Borden Mines <sup>County</sup> Alleghany MARYLAND

Date of death 1910 <sup>Month</sup> 4 <sup>Day</sup> 15 Age <sup>Years</sup> 19 <sup>Months</sup> 1 <sup>Days</sup> 4

Sex male Color or Race white Birth-place Frostburg Md

Occupation Miner Where Residing if not at place of death Frostburg Md

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Louis Wolf Father's Birthplace Indiana

Mother's Maiden Name Julia Blum Mother's Birthplace Borden Mines

Name of person giving Information Louis Wolf How related to deceased Father's

CAUSES OF DEATH

Primary Covered by fall of coal in mine How long

Immediate Suffocation How long

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician

Address

Accident or Suicida

Accident

Coroner.  
John A. Duesman  
Chamberland Md.

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Jacob Lopez  
Catholic